THE VALUE OF AN OCCUPATION-BASED MARTIAL ARTS AS THERAPY PROGRAM FOR CHILDREN WHO HAVE A PARENT WITH A MENTAL ILLNESS

Kathryn Legg

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Bachelor of Occupational Therapy (Honours)

Department of Occupational Therapy

School of Primary Health Care

Faculty of Medicine, Nursing and Health Sciences

Monash University, Peninsula Campus

Frankston, Victoria, 3199

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ABSTRACT

Between 21-24% of Australian children are living with a parent with a mental illness. These children are more likely to develop behavioural, emotional and social difficulties, and often have limited social and leisure occupations. The Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program is an occupation-based martial arts program for children aged 7 to 12 who have a parent(s) with a mental illness, and who demonstrate behavioural or psychosocial issues that impacts their engagement in occupations. A mixed-methods design was used to evaluate the suitability and effectiveness of a CHAMPS MAT program run in the eastern suburbs of Melbourne, Victoria. Qualitative, quantitative and mixed-methods data collections techniques were used with 19 participants in three participant groups: child, parent/guardian, and staff. The results indicated that child participants had four issues that they wanted to address through the program: help to self-manage behaviours and emotions and be better able to focus/concentrate; involvement in interesting social and leisure activities; support regarding having a parent with a mental illness; and opportunities to improve self-esteem. The results also showed that the program addressed these issues and provided occupational benefits for the children in home and school environments. The CHAMPS MAT program provided additional benefits for the children and also for the parents/guardians who attended. Furthermore, staff, parent/guardian and child participant groups generally agreed on what these benefits were. Nevertheless, there were some differences in participant groups' opinions with staff participants identifying the benefit that the children can move on to other preventative programs but not identifying other benefits identified by the child and parent/guardian participants. The features of the program that participants deemed effective were: the instructors' interaction style, the structure of the program, and its overall occupational nature. The program also met the objectives of the Families where a Parent has a Mental Illness organisation. The study provides evidence of the value of offering the program through this service. The CHAMPS MAT program was found to be an effective, suitable and valuable program for children and families where a parent has a mental illness and the child has at least one behavioural or psychosocial issue that impacts their engagement in occupations.

STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for another degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any other degree or diploma in any other tertiary institution.

All research procedures reported in this thesis were approved by the Monash University Human Research Ethics Committee (MUHREC) and the Eastern Health Human Research Ethics Committee.

Signed:

Kathryn Legg

Date:

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I dedicate this thesis to my Dad in appreciation of all his love, support, assistance, and encouragement to strive for my best.

Good, better, best,

Never let it rest,

Until your good is better,

And your better best.

CHAPTER 1. INTRODUCTION

This thesis investigates a Victorian occupation-based martial arts program designed for children who have a parent with a mental illness (PMI), and who have behavioural or psychosocial issues that impact on their engagement in activities and occupations. This chapter outlines the prevalence of parental mental illness and it's impact on children, the occupational impacts of parental mental illness on children and families, existing services for families where a parent has a mental illness, and the nature of martial arts. It also introduces the martial arts as therapy program, and discusses occupation-based programs in general.

1.1 Prevalence of Parental Mental Illness and the Impact on Children

Parental Mental illness is common in Australia, with 20.4% of mental health service users in 2003 reporting having dependent children (Maybery, Reupert, Patrick, Goodyear, & Crase, 2009). Between 21.7% and 23.5% of Australian children live with a parent who has some form of mental illness. In Victoria in the mid-2000s there were 34,666 children living in 18,502 households with a PMI (Victorian Government Department of Human Services [VGDHS], 2007).

Children of parents with mental illness (COPMI) are at greater risk of developing mental health issues, with 25%-50% experiencing a mental illness at some time in their life as compared to 10%-20% of children who don't have a PMI (VGDHS, 2007). They are also more likely to experience worry, stress, and anxiety that could develop into anxiety disorders or stress-related conditions (Maybery et al., 2006; Reupert, Maybery, & Kowalenko, 2012; VGDHS, 2007). COPMI have a higher rate of suicide ideation and suicide attempts than other children (Australian Infant Child Adolescent and Family Mental Health Association [AICAFMHA], 2004). In addition, stigma and blame associated with having a PMI may subject children to bullying or feelings of isolation (AICAFMHA, 2004; Lancaster, 1999).

COPMI have an increased likelihood of developing behavioural problems due to reduced abilities to pay attention/concentrate and poor self-regulation (Fernbacher, Goodyear, & Farhall, 2009; Siegenthaler, Munder, & Egger, 2012; Somers, 2007; Thomas & Kalucy, 2002). They are also more likely to be diagnosed with externalising/disruptive behaviour disorders including oppositional defiance disorder,

attention-deficit-hyperactivity-disorder (ADHD) and conduct disorder (Reupert, Maybery, et al., 2012; Siegenthaler et al., 2012).

COPMI are disadvantaged in education systems. Their mental health status, poor classroom behaviour, lack of social connectedness at school, and higher risk of missing school days may contribute to their demonstrated lower academic performance (Foster, O'Brien, & Korhonen, 2012; Lancaster, 1999; Reupert, Maybery, et al., 2012; Thomas & Kalucy, 2002). They are also more likely to have learning difficulties or disabilities (Fernbacher et al., 2009).

A child's emotional development can also be affected by having a PMI. There is often a lack of interaction and communication between the PMI and their children, particularly during times when the parent is experiencing symptoms (AICAFMHA, 2004; Thomas & Kalucy, 2002). Children who don't receive appropriate social interaction from their parents are more at risk of having poor self-esteem, slower emotional development, mental health concerns, relationship problems throughout their life, and other emotional and psychosocial problems (Foster et al., 2012; Reupert, Maybery, et al., 2012; Thomas & Kalucy, 2002). Furthermore, COPMI often have limited social networks (Lancaster, 1999) and find it harder to make and maintain friendships.

Nevertheless, not every COPMI is negatively affected. Every child is unique and their likelihood of developing mental, behavioural or emotional issues is influenced by a number of factors including their temperament, sex, competencies, environment, support networks, and the nature and severity of the parent's illness (Reupert, Maybery, et al., 2012). There is value in providing appropriate interventions for families with a PMI because programs/services that assist families to increase their child's protective factors (e.g. having support networks, good social skills, mental health literacy, good parent-child relationships and school attendance) and decrease their risk factors (e.g. emotional or behavioural difficulties, inconsistent parenting or social isolation) may ensure that the affect of parental mental illness on children is minimised (Children of Parents with a Mental Illness Initiative, 2013; Queensland Health, 2013; Reupert, Maybery, et al., 2012).

1.2 The Occupational Impact of Parental Mental Illness on Children and Families

The World Federation of Occupational Therapists (2012) on their website defined occupations as "the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life", including the things people need, want and are expected to do. Engaging in occupations allows individuals (including children) to meet their basic needs, and cope with challenges and environmental demands (Christiansen & Townsend, 2010). Parental mental illness can have a profound and on-going effect on a child's and family's occupations. Parental mental illness can strongly impact the occupational and social functioning of a family, particularly if the mental illness is poorly managed. Members of families with a PMI are more likely to experience: (a) changes in their routine and family disruption/disorganization, (b) changes to their roles and responsibilities, (c) social isolation, (d) financial hardship, and (e) a reduction in social, recreational and leisure occupations (Feldman, Stiffman & Jung, 1987, as cited in Fernbacher et al., 2009; Thomas & Kalucy, 2002). In severe cases, these families are more likely to experience family conflict and violence, homelessness or substance abuse issues among family members (Fernbacher et al., 2009). The impact on the family's occupational functioning is not necessarily caused by having the mental illness itself, but by the long-term disturbances to the family's lifestyle and associated psychosocial disturbances in family members (Thomas & Kalucy, 2002).

One of the largest effects that parental mental illness has on families is in relation to the family's daily routines (Fernbacher et al., 2009; Thomas & Kalucy, 2002). Families with a PMI can find it difficult to maintain regular routines and activities, and may experience changes in their routines ranging from minimal disruption to chaos; leading to the routines and responsibilities of the children and other family members being changed. One occasion when routines are drastically changed is during hospitalisation of the parent with a mental illness (Thomas & Kalucy, 2002). During this time children may be required to move location to be cared for, or to take on more responsibility for their own care.

COPMI may encounter their own distinctive occupational challenges. They are more likely to experience functional/occupational impairments and difficulties compared to other children (Reupert & Maybery, 2007). School attendance and

engagement in school activities/occupations are often affected by parental mental illness (AICAFMHA, 2004) with COPMI being more likely to be removed from class for behavioural misconduct, or to be absent because their parent is too ill to leave the house and/or the child needs to care for them (Somers, 2007). COPMI often take on caring roles that are outside the normal and age-appropriate self-care activities for a child (Reupert & Maybery, 2007). However, Somers (2007) found that while a majority of children did take on some caring responsibilities, only 8% of children reported that their caring occupations stopped them from participating in their school or leisure activities. COPMI can experience more difficulty engaging in social occupations, often having difficulty meeting social expectations and rules (Mordoch & Hall, 2008), and this can make it difficult for children to make friends and sustain social networks. This is further complicated by a lack of leisure activities available to them (Good, Stanger, & McNulty, 2012) due to environmental or family factors (King et al., 2003) such as financial constraints, limited transport options, and/or other issues related to parental mental illness e.g. decreased energy levels.

One reason why parental mental illness has such an impact on children and families could be that parenting is itself an occupation that is affected by parental mental illness. During periods when mental illness is unmanaged, a PMI has a reduced capacity to engage in parenting occupations and perform their parenting role (Trondsen, 2012). This reduced capacity could be due to symptoms of the mental illness such as a lack of energy, or changes in executive cognitive functioning such as planning or memory (Burt, Zembar, & Niederehe, 1995; Castaneda, Tuulio-Henriksson, Marttunen, Suvisaari, & Lonnqvist, 2008; Stordal et al., 2004). Regardless of the cause, PMI need support from their families, the community and health services to perform their parenting occupation (McKay, 2004).

It is only in the last ten to fifteen years that research has begun to investigate the occupational effects that parental mental illness has on children and families. Most research has focused on the psychological impact on children and their susceptibility to mental health conditions, rather than the impact on their occupations or the use of occupation-based activities. Therefore more research is required to determine the effects that parental mental illness has on COPMI, their engagement in occupations and the benefits that occupation-based activities can have for these children.

1.3 Existing Services for Families where a Parent has a Mental Illness

Existing Australian services for families with a PMI emphasize the psychological health and functioning of the parent and family members. Programs often target psychosocial issues of parents and children by offering peer-support, psycho-education, counselling or outreach programs, and are often only run for parents with younger children (Reupert & Maybery, 2011). Because of this focus the impact of parental mental illness on the occupations of families and children lacks recognition and is poorly addressed. Another issue within the services offered to families is that they have often exclusively targeted the needs of the PMI, neglecting those of COPMI, other family members and carers (VGDHS, 2007). This neglect of the needs of other family members and carers undermines the ideals of family-focused care models that aim to reduce the burden of care placed on other family members and that provide preventative and supportive systems/services for children (Foster et al., 2012).

There have been some early intervention programs for COPMI, usually in the form of holiday or school programs. Some have been found to be effective in reducing psychosocial symptoms and mental health concerns in these children (Fraser & Pakenham, 2008; Siegenthaler et al., 2012). These include the Smiles program that educates children who have a PMI about mental illness and life skills (Pitman & Matthey, 2004); the peer-support Paying Attention to Self [PATS] program (Maybery et al., 2006); and the Kanu program which teaches social and communication skills (Heitmann, Schmuhl, Reinisch, & Bauer, 2012). However, even with these few successful psycho-education-based programs there are still too few targeted services for COPMI. Furthermore, many families are unaware of or unable to attend existing services. Programs and services that exist for these children are also often "one-off" programs that are disconnected from major mental health or children's services and other local programs. This limited connection to other services and low public awareness of these programs and services often make them unsustainable as they lack recurrent funding (Owen, 2010). More programs specifically aimed for children and families with a PMI need to be developed and implemented. Alternatively, existing programs could be modified to ensure these families are receiving appropriate/effective services.

One way the Victorian Government has attempted to rectify the lack of services is by creating the Families where a Parent has a Mental Illness (FaPMI) organisation (Maybery et al., 2012). The FaPMI organisation is a service development strategy designed by the Department of Health, Division of Mental Health, Drugs and Regions in 2007. The organisation aims to reduce the impact of parental mental illness on family members by developing family-focused services for parents with a mental illness and their families in partnership with local services and organisations, as well as building and maintaining professional networks relevant to the care of families with a PMI (The Bouverie Centre, 2012b). The FaPMI organisation's aims and strategies align with recommendations for families with a PMI made by SANE Australia (2012) to better promote support services, create better access to support services, educate health professionals on the challenges faced by these families, encourage greater use of care plans and create positive school communities. The FaPMI organisation's strategies also align with the Victorian Government '*Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019'* policy. This policy focuses on preventing mental health problems, promoting positive mental health, providing early intervention, promoting access to client-centred treatments and promoting participation in the community for people with mental illness, and their families and carers, and targets eight areas of reform (General Practice Victoria, 2009; VGDHS, 2009).

The FaPMI organisation runs a range of programs for COPMI, parents with mental illness, as well as for carers and other family members with a PMI (The Bouverie Centre, 2012a). Of particular interest to this study is the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program.

1.4 Martial Arts

Martial arts are systems of self defence and combat that can be used for sporting, recreational and personal purposes (Cooper, 2005). Martial arts originated as a form of combat training in Asian countries (Bell, 2008), with styles now including Kung Fu, Karate, Taekwondo, Judo, Kenpo and Tai Chi. Despite their differences, eastern martial arts styles share commonalities including values based on respect, humility, responsibility, perseverance, and honour (Weiser, Kutz, Kutz, & Weiser, 1995). Training traditionally incorporates psychological and spiritual components alongside physical aspects of martial arts. This leads to martial arts being used as a tool for

physical, intellectual, spiritual and social growth (Morand, 2004; Paul, 2011) as martial arts emphasize self-control and self-regulation of emotions and behaviour. Students are taught to monitor thoughts and actions through meditation and self-evaluation, leading to increased concentration and control over their minds and bodies (Lakes & Hoyt, 2004; Weiser et al., 1995). There are two categories of martial arts: traditional and modern martial arts. Traditional martial arts emphasize the spiritual, psychological, discipline and non-aggressive aspects of martial arts (Diamond & Lee, 2011; Nosanchuk & MacNeil, 1989; Twemlow et al., 2008) and are linked to decreased aggression and increased psychological health (Toskovic, 2001; Tsang, Kohn, Chow, & Singh, 2008; C. Wang et al., 2012; Zivin et al., 2001). By contrast, modern martial arts emphasize competition and aggression, and can increase aggressive behaviours (Nosanchuk & MacNeil, 1989; Vertonghen & Theeboom, 2010).

1.5 The CHAMPS MAT Program

The CHAMPS MAT program is a unique traditional martial arts program designed for COPMI that is run in the outer-eastern suburbs of Victoria three times a year. It was collaboratively developed by the FaPMI and the Martial Arts as Therapy organisations. The Martial Arts as Therapy organisation was created by Steve Golding for all children (not just those with a PMI). This organisation runs martial arts as therapy programs for Victorian schools that increases inclusion of students at school, student engagement in school, and overall student wellbeing (Golding & Trigg, 2011). All martial arts as therapy programs (including the CHAMPS MAT program) follow the four values of: be strong, be calm, be kind, and try hard. These programs teach life skills to children who need social, emotional or behavioural support by providing a physically active group program that combine the philosophy of traditional martial arts with psychosocial rehabilitation principles (Golding, 2010). Life skills that these children learn can include psychosocial competence (the ability to cope with everyday challenges and demands), maintaining a healthy mental state, learning respect and responsibility, developing decision-making skills, and the ability to co-ordinate the mind and body through active or calming activities (Golding & Trigg, 2011). These life skills are taught through a mixture of exercises, games, martial arts drills, behaviour rehearsal, story-telling, guided visualization and group discussion.

The CHAMPS MAT program is similar to these original martial arts as therapy programs. However, it is specifically designed for COPMI and targets specific behavioural and psychosocial challenges that are commonly seen in COPMI and which are highlighted by the parents/carers who referred the children to the program. The program aims to: (a) improve self-esteem and self-confidence; (b) increase children's capacity to effectively manage their emotions and behaviours; (c) increase opportunities to have fun; (d) provide respite to the children and parents; (e) reduce isolation and meet others who have/are a PMI; and (f) link families into the FaPMI organisation. All MAT staff follow the same training manual that has a range of different games/activities that can be used to teach the same skill or address the same need. MAT staff are able to choose games/activities that are most appropriate for the children in the program; accommodating the different needs and abilities of the children. This flexibility helps to personalise the program and allows children to better engage in the occupation-based program. Another way the CHAMPS MAT program differs from these original martial arts as therapy groups is that support is offered to families to enable the children to access the program. This includes the FaPMI program support worker having a detailed consultation with the referrer and/or parent/guardian to understand the child's issues and family situation, check the parent's mental health status, and discuss how the child will access and participate in the program (e.g. if they need transport assistance, how to get to the venue) and develop a behaviour management plan if necessary. A brief overview of the family's information is provided to the CHAMPS MAT facilitators before the 8-week program begins so appropriate activities can be developed. The FaPMI program support worker will also call parents/carers to remind them of the session, or to follow-up if a child misses a session or drops out of the program.

As the CHAMPS MAT program is only provided to COPMI, the program allows children to develop supportive peer networks. Peer-support is described as a process of giving and receiving help amoung peers who are in similar situations (Hernandez & Hayes, 2006). It provides individuals with education, counseling, peer relationships, mentoring relationships, opportunities to share experiences and difficulties, and the knowledge that other people are going through similar situations. Peer-support and good social networks are important protective factors for children who face long-lasting life stressors (Pedersen & Revenson, 2005) such as having a PMI. Support from friends may be able to compensate for diminished parental support (Wasserstein & La Greca,

1996) and protect the child from developing or increasing social difficulties. The CHAMPS MAT program provides opportunities for children to develop supportive friendships with children who understand their situation, and develop social networks that will help to moderate the impact that their parent's mental illness has on their lives, social capabilities and mental health. Yalom and Leszcz (2005) support this notion and propose that groups can be curative for psychological issues if they allow participants to talk freely about themselves, feel they are not alone, help one another, develop socialising techniques, imitate instructors'/therapists' behaviours, experience interpersonal learning, develop group cohesiveness, experience catharsis, and receive feelings of hope for the future.

1.6 Occupation-based Programs

The CHAMPS MAT program is also different from other programs for COPMI, in that it is an occupation-based program. Occupation-based programs use engagement in occupation (e.g. a martial arts program) as a therapeutic agent of change, and are used to develop skills and encourage social interaction (Bullock & Bannigan, 2011; Fisher, 2013). They are based on the occupational therapy principle that engagement in occupations can be used as a therapeutic tool as well as being an individual's goal, for example, to improve engagement in school occupations (Bazyk & Bazyk, 2009). Occupations and occupation-based programs can be used to enhance psychological and social aspects of a person's mental health (Kannenberg, Amini, & Hartmann, 2010), and can develop children's self-efficacy in everyday occupations (Scaffa & Reitz, 2013).

Currently, no research has been conducted on occupation-based programs specifically for COPMI and who demonstrate behavioural or psychosocial difficulties. However, a study on children with anxiety found an occupation-based program that used a range of developmentally appropriate activities (e.g. card games) decreased children's externalizing behaviours and anxiety while increasing participation in occupation and reducing barriers to occupational functioning (Tokolahi, Em-Chhour, Barkwill, & Stanley, 2013). The use of occupation-based after-school programs is also supported by Durlak and Weissberg (2007). They found that programs that used active forms of learning and which allowed children to actively practice new behaviours and skills through role playing and behavioural rehearsal of activities/occupations (such as in occupation-based programs), while sequentially increasing the difficulty of the

activity/occupation or situation were effective. They led to reduced aggression, conduct problems, and noncompliance, as well as increased self-confidence, self-esteem, positive social behaviours and school grades. Bazyk and Bazyk (2009) completed a phenomenological study with 70 low-income youths attending an occupation-based after-school program that used meaningful leisure occupations therapeutically. Interviews and participant observation revealed that the youths valued the program's provision of novel and challenging activities in a supportive environment because it was fun and provided them with opportunities to discuss feelings and develop strategies to deal with anger.

1.7 Chapter Summary and Thesis Outline

This introduction described the prevalence of parental mental illness, the occupational and other impacts of parental mental illness on children and families, services for families with a PMI, the CHAMPS MAT program, martial arts and occupation-based programs. Chapter 2 reviews the literature on specific effects of martial arts and leisure programs, while Chapter 3 discusses the methods used in this study. Chapter 4 presents and discusses the findings, and acts as a foundation for Chapter 5 which presents the study's conclusions, strengths and limitations, and recommendations.

CHAPTER 2. LITERATURE REVIEW

This chapter reviews literature that explores the contribution of martial arts to children's improved psychological health, behaviour, and engagement in leisure, as well as past evaluations of services for COPMI, as the CHAMPS MAT program is not exclusively an occupational therapy program.

The researcher searched for literature in relevant occupational therapy, mental health/psychological, sporting and martial arts journals and databases (e.g. AHMED, OTDBase, PsycINFO and the Cochrane Library) and in Google Scholar. Many and varied search terms were developed over time but generally included: martial arts, behaviour, regulation, self-esteem, children of parents with mental illness, leisure, and service. To ensure that material remained topical only relevant studies published within the last 20 years were reviewed. The researcher also found references in reference lists of articles and searched for key/re-occurring authors. This literature search identified a number of references investigating the effects of martial arts on psychological health and behaviour, and fewer references examining the benefits of leisure occupations, and evaluations of services for children with a PMI. Within each topic, the literature was compared and contrasted, and analysed in terms of its content and rigour (see Appendix A for example). Relevant government documents were also utilised.

2.1 Effects of Martial Arts on Psychological Health and Wellbeing

The martial arts (predominantly traditional martial arts) have been linked to improvements in psychological health and wellbeing, and increased quality of life for children and adults. Martial arts can be used as a form of self-help for psychological concerns (McDiarmid, 2007) and 20 studies, reviews, and articles were identified by the researcher as relating to psychological health and wellbeing. These were predominantly from the United States of America with a small number of studies coming from Australia, Canada and South Korea. Study participants generally included children, adolescents and young adults who attended schools or universities. The methods used in these studies, articles, case studies and the research examined in reviews were mostly standardised questionnaires and scales, as well as interviews or self-reports from teachers, parents and/or children.

Martial arts have been shown to improve individuals' self-esteem and self-concept. Zivin et al. (2001) used teacher rating scales, self-report scales, computerised measures of attentional self-control and counting of the number of expulsions from school to determine that martial arts participation improved self-reported happiness and self-esteem in 12 to 14 year-old boys, and that self-esteem increased with the length of martial arts participation. A number of different qualitative and mixed methods randomised controlled trials of varying sizes, case studies and reviews have also found that martial arts enhances self-concept and self-esteem. These include Winkle and Ozmun (2003), Weiser et al. (1995), Yang (1997), Moninger (2007), Blowers (2007), Theeboom, De Knop, and Vertonghen (2009) and Conant, Morgan, Muzykewicz, Clark, and Thiele (2008). A qualitative case study by Graham (2007) found that seven children with ADHD participating in a 15-week martial arts program improved their self-perceptions of competence in personal, peer-relationship, and physical situations. Similarly, martial arts have been found to improve psychosocial well-being, social confidence, and pro-social behaviour in reviews, mixed-methods studies and large randomized control trials by Bell (2008), Conant et al. (2008) and Lakes and Hoyt (2004). A case study of a 20 year-old man with depressive symptoms by Weiser et al. (1995) also found that martials arts helped individuals control feelings of vulnerability.

Even a little participation in martial arts can improve mental health and wellbeing. A study involving forty university-aged taekwondo students found significant improvements in every aspect of mood (tension, depression, anger, fatigue, confusion, and vigour) on the Profile of Mood States inventory when compared to control group participants after just one intensive martial arts class (Toskovic, 2001).

Traditional martial arts can help to prevent or decrease the severity of diagnosable mental illnesses including depression and anxiety (W. C. Wang et al., 2009; Weiser et al., 1995). Practicing martial arts lowers individuals' stressor responses to mental stress and overall levels of stress (Tsang et al., 2008), therefore decreasing levels of anxiety (Kurian & Caterino, 1993; Li, Hong, & Chan, 2001; Twemlow et al., 2008). C. Wang et al. (2012) reviewed 40 English and Chinese studies and found that tai chi was associated with reduced stress, anxiety, depression and mood disturbances. One article found that martial arts may initially increase anxiety when participants begin (Weiser et al., 1995) but this anxiety is unlikely to last and may be replaced by positive effects as

lasting psychological health and wellbeing benefits are built and consolidated. An individual must persist in martial arts to achieve strong and lasting psychological benefits.

Practicing martial arts also leads to positive cognitive changes in relation to executive functions. Executive functions involve using inhibition, working memory and cognitive flexibility to reason, problem-solve and plan (Diamond, 2012). Diamond and Lee (2011) reviewed programs that enhanced children's cognitive functions and found that martial arts (including yoga and mindfulness training) were one of the most effective activities for improving executive functions in children when it was repeated and made progressively challenging, and that children with the worst executive functions benefitted most from martial arts. Winkle and Ozmun (2003) found that martial arts improved cognitive functioning, and Bell (2008), Glanz (1994), Lantz (2002) and Zivin et al. (2001) found that it increased concentration (a cognitive function). Cognitive changes were noted by parents in a study by Conant et al. (2008) where parents reported significant improvements in their child's memory function.

2.2 Effects of Martial Arts on Behaviour

It is also important to investigate how martial arts affects individuals' behaviour. A sample of American university students viewed martial arts as most valuable when it helped to make positive changes to their everyday lives (Columbus & Rice, 1998). Eighteen studies that investigated the effect of martial arts on some aspect of children's and youth's behaviour were located, and these are outlined below. The majority of these studies are from North America; many had small participant numbers and those with larger cohorts had high drop-out rates. Furthermore, studies with larger cohorts (e.g. Strayhorn and Strayhorn (2009)) often used participants who were involved in different martial arts styles. This means that researchers cannot be sure if the martial arts were traditional, and how similar each program was to another. The majority of studies on behavioural effects of martial arts involve children/youth participants and aimed to find a preventative approach for at-risk children and youth while they are still developing. These studies had higher percentages of male participants, which is to be expected as boys are more likely to have behavioural problems than girls (Smart, 2010). This researcher was unable to find any research focused on behavioural effects of martial arts

on COPMI. However it is likely that some of the children involved with the studies had parents with mental illness.

Self-regulation is the ability to control attention, emotion and behaviour (Karapetian Alvord & Johnson Grados, 2005). Martial arts have been found to improve mental control (Li et al., 2001), sustained attention (Felmet, 1998), and self-regulation in students (Aljadeff-Abergel, 2011). A study by Palermo et al. (2006) found that 10 months of regular karate significantly reduced problem behaviours of 8 to 10 years olds in the dojo, home and school. This is consistent with research finding that martial arts improves classroom conduct (Paul, 2011). This includes Zivin et al. (2001) who found that martial arts significantly improved levels of rule adherence and decreased impulsiveness and inappropriate social behaviour in classrooms, and McDiarmid (2007) who found that taekwondo practice decreased the number of teacher-reported disciplinary actions and increased self-reported self-control. Similarly, Delva-Tauiliili (1995) found that aikido training increased student's self-control, however these results weren't statistically significant. Another study found that participating in a three-month martial arts program as part of the school curriculum increased students' cognitive self-regulation, affective self-regulation, and overall classroom conduct (Lakes & Hoyt, 2004). Morand (2004) suggests that martial arts training effectively increases classroom adaptive behaviour and decreases maladaptive behaviours such as calling out, leaving seats and refusing to follow rules in boys with ADHD. The length of martial arts training influences levels of child hyperactivity (Galgana, 2010) with Cooper (2005) finding that two thirds of sampled children significantly decreased levels of hyperactivity, impulsivity and inattention after a martial arts program.

The meditative components of martial arts also affect behaviour. Porter and Omizo (2006) found that large muscle exercise and relaxation training significantly decreased impulsivity, increased attention to task, and developed an internal locus of control. Baron and Faubert (2005) found that twice-weekly tai chi decreased hyperactivity levels of 3 children with disabilities by 2 to 3 standard deviations.

Traditional martial arts have also been found to decrease aggressive fantasy and aggressive acts (Bell, 2008; Glanz, 1994; Lamarre & Nosanchuk, 1999; Nosanchuk, 1981; Nosanchuk & MacNeil, 1989; Paul, 2011; Twemlow et al., 2008; Twemlow &

Sacco, 1998; Weiser et al., 1995). Paul (2011) and Twemlow et al. (2008) not only associated martial arts with reduced inappropriate social behaviours, but also found it was linked with increased pro-social and helpful bystander behaviour. Individuals participating in martial arts are also more likely to show respect, act responsibly (Aljadeff-Abergel, 2011) and be more independent in daily activities (Kurian & Caterino, 1993; Twemlow et al., 2008).

Despite this encouraging evidence, some studies have not found statistically significant effects of martial arts on behaviour. Strayhorn and Strayhorn (2009) found 0.000 effect sizes for the analyses in their longitudinal studies. Despite finding parent-reported decreases in externalizing behaviour, oppositional defiant problems and conduct problems, Haydicky (2010) noted their results were not attributable to martial arts, more likely being caused by physiological changes in developing children. Felmet (1998) found non-significant increases in impulsivity/hyperactivity for students undertaking karate while Anderson (1999) reported no changes in childrens' self-esteem, aggression or social competency.

2.3 Leisure Occupations

Martial arts programs provide children with an opportunity to engage in a leisure occupation, which COPMI are often unable to access (Good et al., 2012; Somers, 2007). Leisure occupations are those that are freely chosen by an individual when they have uncommitted time or an opportunity to do something (Christiansen & Townsend, 2010). They can be active or inactive, structured or unstructured. Leisure occupations are extremely important for children's mental and physical health and development (Solish, Perry, & Minnes, 2010), and can potentially meet a number of their psychological, educational, social, physiological and aesthetic needs (Di Bona, 2000). Two large quantitative studies that involved child and adult participants found that involvement in any leisure activity decreases anxiety and depression, and improves self-esteem, overall wellbeing and mental health (Di Bona, 2000; Howie, Lukacs, Pastor, Reuben, & Mendola, 2010). Also, Eime, Young, Harvey, Charity, and Payne (2013) reviewed 30 studies published between 1990 and 2012 and found that participating in sporting leisure activities led to psychological and social health benefits for children and youth, including decreased depression and improved self-esteem and social interaction. Solish et al. (2010) administered parent-report questionnaires to parents of 185 children and

adolescents who were typically developing, had autism spectrum disorders or had intellectual disabilities. The study found that participating in leisure activities promoted friendships among all the children/adolescents by offering chances for social interaction and development of social skills and self-esteem. Leisure occupations performed outside of school have also been linked to better school performance in a study by Howie et al. (2010) that completed a secondary analysis of data regarding 25,797 American children from a 2003-2004 National Survey of Children's Health. Howie et al. (2010) found that children who participated in leisure occupations outside of school were less likely to exhibit behavioural problems, and more likely to exhibit effective social skills, show respect, and engage in appropriate conflict resolution. Di Bona (2000) found that engaging in leisure activities can sometimes cause exhaustion, nervousness, disappointment, or frustration while the activity is performed, but this is usually minimal and doesn't overshadow the numerous advantages of engaging in leisure occupations. These studies highlight that participating in leisure occupations has social, mental health and behavioural benefits for children and adolescents, and may be particularly useful for COPMI who often have social, mental health and behavioural difficulties. The lack of studies specifically involving COPMI also suggests that more research is needed on the benefits of leisure occupations with these children.

2.4 Past Evaluations of Services for Children with a Parent with a Mental Illness

Reupert, Cuff, et al. (2012) reviewed 21 Australian, European and North-American intervention programs (family-intervention, peer-support, on-line and bibliotherapy groups) for children and teens with a PMI, finding that many had limited rigour and that the effectiveness of these programs is uncertain. Another issue in these studies is that participants are rarely given opportunities to discuss their experiences, or provide opinions and attitudes regarding the programs procedure and effectiveness. The Victorian Mental Health Act 1986 states that "provision should be made for people who are receiving the services to participate in the planning, operation and evaluation of the services" (State Government of Victoria, 2011, p. 174). To better understand the impact of these programs for children and families with a PMI, research needs to consider the perspectives and opinions of the children and parents/guardians involved. Better evaluation of existing programs for this population will lead to improved services.

The occupation-based CHAMPS MAT program has yet to be evaluated. The purpose of this study was to investigate whether the CHAMPS MAT program was effective in meeting: (a) the needs of the attending families; and (b) the aims of the program, as well as whether the program suitably aligned with the FaPMI organisation's aims and objectives.

CHAPTER 3. METHODOLOGY

This chapter discusses the study's methodology. It outlines the study's aim and research questions, the research design, the CHAMPS MAT program, ethical considerations, participant selection, data collection and analysis, and the research rigour and trustworthiness.

3.1 Research Aim and Questions

The aim of this study was to investigate whether the CHAMPS MAT program is an effective and suitable program for children with a PMI who demonstrate at least one behavioural or psychosocial issue that impacts their engagement in activities and occupations. The research questions for this study were:

1a. What are the needs regarding the program of the children who participate in the CHAMPS MAT program?
b. Does the CHAMPS MAT program address these needs, and if so how?
c. Are there any needs that are not being met by the CHAMPS MAT program, and why?
d. In what ways is the CHAMPS MAT program beneficial for children who have a parent(s) with mental illness?
2. Does the CHAMPS MAT program provide peer-support for the children?
3. Are the added services provided to parents of children attending the CHAMPS MAT program beneficial for families? Why or why not?
4. What do staff involved with the CHAMPS MAT program perceive to be the benefits for the families and children attending the program?

3.2 Research Design

This study used a predominantly qualitative, mixed-methods design. Incorporating qualitative and quantitative data collection methods followed the fundamental mixed-methods principle that methods should be mixed in a way that has complementary strengths and non-overlapping weaknesses (Brewer & Hunter, 2006; Tashakkori & Teddlie, 2003) as the quantitative data complemented the qualitative data. Qualitative and quantitative data were collected and analysed concurrently.

Generally, mixed-methods designs can be considered methodologically stronger than quantitative or qualitative methods alone (Creswell & Plano Clark, 2007). Strengths of qualitative methodologies are that they allow exploration of thoughts and opinions, flexibility, and understanding of the meaning individuals attribute to a phenomena (Creswell, 2009; Liamputtong, 2009). The strengths of quantitative methodologies include that they characterise samples/phenomena, establish norms, and allow for generalisation (Creswell, 2009; Kielhofner, 2006). Challenges of mixed-methods studies include difficulty combining methodologies and the possibility for conflicts between paradigms (Morgan, 1998).

This study used mixed-methods (predominantly qualitative) semi-structured interviews and evaluation questionnaires, and the quantitative Strengths and Difficulties Questionnaire (SDQ). The decision to use these methods was reached after the researcher participated in the July 2012 CHAMPS MAT program. During this time she talked and engaged with participants and staff, took field notes, and observed the methods FaPMI staff used to get feedback from families. This informed the data collection methods chosen for researching the February 2013 program. The researcher noted that existing questionnaires were often completed in little detail and therefore complementing semi-structured interviews were used in the 2013 program to collect more in-depth data. It was also decided to continue using the existing SDQ and CHAMPS MAT Evaluation Questionnaires to allow continuity across programs. The familiarisation also informed how the researcher interacted with participants in the studied 2013 program, as the researcher found that interacting with both children and parents/guardians during sessions made them comfortable to discuss the program and it's impact.

Prolonged engagement was achieved by the researcher participating in, observing and/or facilitating sessions of both the 2012 and February 2013 CHAMPS MAT programs (see Appendix B). Prolonged engagement allows trusting relationships to form between researchers and participants (Teddlie & Tashakkori, 2009) and makes the researcher's interpretations/findings more valid, increasing their credibility (Creswell, 2013).

The researcher's engagement in the program allowed the collection of anecdotal evidence so that she formed ideas of what issues might be important before commencing data collection at the conclusion of the program. Additionally, it helped her to better understand the meaning of participants' responses as she understood their context. The experience of having a PMI has helped the researcher to relate to the child participants in particular, and better comprehend all participants' responses. To ensure that the researcher's personal experiences did not bias the results she kept a reflexive journal, met regularly with supervisors, provided an audit trail, and made sure analysis was guided by data collected in the study. To further increase the study's rigour, the researcher's principal supervisor oversaw the data collection and analysis process and also analysed the data in order to compare/contrast with the researcher's work.

3.3 The CHAMPS MAT Program

Setting.

The CHAMPS MAT program was run by the Connections community welfare agency (CCWA) in the outer Eastern suburbs of Victoria in a building with a suitable room and qualified staff, and that was accessible for families from surrounding areas. The CCWA is a part of the Uniting Church's Australian UnitingCare network, and supports children, youth, families and couples in need to live fulfilling lives (Connections UnitingCare, 2013).

Five staff were involved in the CHAMPS MAT program:

1. The Eastern Health FaPMI co-ordinator developed partnerships and arranged funding with Connections and MAT staff.
2. The Eastern Health FaPMI program support worker managed referrals to the CHAMPS MAT program, collected paperwork, and co-ordinated families' supports/services when necessary.
3. The CHAMPS MAT instructor developed and ran each session, ensured participant safety, and provided equipment.
4. The CHAMPS MAT assistant helped the CHAMPS MAT instructor to plan and conduct sessions.
5. The connections staff member facilitated and oversaw the program, disseminated information, assisted to reinforce appropriate behaviour, and provided feedback to FaPMI staff.

Program structure.

The investigated CHAMPS MAT program ran for one hour after-school once a week for an 8-week period during February to March 2013. Seven boys participated in the program. Children were brought to and from the group by parent/guardians, family members or support workers, with many staying for the group. There were often younger siblings in the room. The CHAMPS MAT instructor and assistant remained the same throughout the program except for week seven where the researcher replaced the assistant. All sessions began with warm-up activities, followed by a number of games and activities, and ended with a standing bow (see Appendix B).

3.4 Ethical Considerations

Ethics approval.

This study received ethical approval from the Eastern Health Human Research Ethics Committee and the Monash University Human Research Ethics Committee in March 2013 (see Appendices C & D). Ethical research conduct was particularly important due to inclusion of a vulnerable population of children and parents with mental illness, as they may lack "the ability to make personal life choices, to make personal decisions, to maintain independence, and to self-determine" (Moore & Miller, 1999, p. 1034).

This study had merit and integrity as it sought to gain knowledge that could improve services for families with a PMI. This research considered justice as participants selection was fair and the research burdens and benefits were fairly shared amongst participants (National Health and Medical Research Council, Australian Research Council, & Australian Vice-Chancellors' Committee, 2013). Beneficence was assured because potential risks were evaluated and a child protection procedure was followed. This study was altruistic as it aimed to create best practice knowledge and evidence to improve outcomes for families, and there were no financial or other benefits for the researcher or participating organisations. Respect was upheld as participants gave informed consent and confidentiality was maintained.

Informed consent.

All participants were provided with age-appropriate and participant-group-specific explanatory statements and consent forms (see Appendices E-H) and gave

informed consent to participate. Parents/Guardians also had to give permission for their child to participate. The FaPMI program support worker informed parents/guardians and staff that a research study was being undertaken in the February 2013 program when she first made contact with the families over the phone. If and when parents/guardians and children asked about the researcher's presence in the CHAMPS MAT program, the researcher reported that she would be conducting a research project. However, no further information was given until week seven which was when ethics approval was finally received. A brief explanation of the research was given and participant explanatory statements were distributed at this 7th session of the program. The explanatory statements were distributed at this time to accommodate the timing of receiving ethics approval. It was also important to ensure that the explanatory statements were distributed (and participants were given enough time to read them fully) before week eight as data collection was planned to begin from this session. Participant Consent Forms were handed out at the 8th session and consent was given at that session or before the interview. A verbal summary of the explanatory statement was also delivered to participants directly before interviews commenced. This ensured that the three necessary elements of informed consent were met: information, autonomy and decisional capacity (Roberts & Roberts, 1999). The researcher contacted families by phone within four days after the program finished to confirm that they would participate, and staff participants within two weeks.

Decisional capacity.

All Parent/Guardian and child participants were deemed to have decisional capacity. The Eastern Health Human Research Ethics Committee (2011) states that children can be considered to have capacity to consent (decisional capacity) if they are appropriately tested and found to have capacity. However, as parent/guardian consent was obtained for the child participants it was not necessary to test this. The child's consent was only obtained to ensure the child wanted to participate. Decisional capacity of parent/guardian participants may have also been a concern due to mental illness. However, it was appropriate to deem all parent/guardian participants competent because the FaPMI support worker discusses the parents/guardians mental state with them before the program commences, and would not have let parents/guardians participate if they showed signs that they didn't have decisional capacity.

Child safety procedure.

A Child Safety Procedure was developed to be followed by the researcher as detailed below. If during the interviews, severe acts of abuse were reported or suspected the researcher would stop the interview and report to a FaPMI staff member for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member would contact the Victorian Child Protection Service for instruction. If lesser forms of neglect were reported or suspected the researcher would continue the interview and afterwards report to the FaPMI staff member for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member would contact Child FIRST for further instruction. The researcher was not required to follow this procedure during the study.

Trained mental health workers were also available to child and parent/guardian participants during and after their interviews. Child and parent/guardian participants also received a follow-up phone call from the FaPMI program support worker.

Confidentiality.

Participants' identities were kept confidential through the use of pseudonyms e.g. Child Participant 1. Staff participants could be identified by their job titles, but all gave informed consent after this was communicated in staff explanatory statements, and staff names are not reported in this thesis.

Data storage.

Data collected for this study was de-identified, and stored in a locked filing cabinet. It will be kept on University premises for 5 years, in accordance with Monash University regulations. After this period hard copy documents will be shredded and electronic data deleted.

3.5 Participant Selection

Participant inclusion criteria.

To be a child participant in this study, children had to be accepted into the CHAMPS MAT program. For this to happen they needed to be (a) aged between 7 and 12, (b) have a PMI, and (c) demonstrate at least one behavioural or psychosocial issue that impacts their engagement in daily occupations. Parent/Guardian participants had to have a child in the CHAMPS MAT program, and staff participants had to be

vocationally involved with the program.

Participant information.

This study had three participant groups: child; parent/guardian; and staff. There were six male child participants aged between 8 and 11 years old. Two child participants each had two parents/guardians participating in the study while the other four child participants only had one participating. There were eight parent/guardian participants in this study: three men (fathers) and five women (mothers) (see Table 1). Not all of the participating parents/guardians were the parent with a mental illness. Demographic data and details about the parents' mental health was not collected for the parents/guardians as some parents/guardians may have been discouraged from participating if this information had been collected. Also, this study primarily focused on the CHAMPS MAT program's impact on the children and not that of the parents/guardians. There were also five staff participants in this study: two men and three women.

Table 1: Corresponding child and parent/guardian participants

Child Participant	Corresponding Parent/Guardian Participant/s
Child Participant 1 8 years old	Parent/Guardian Participant 1
Child Participant 2 9 years old	Parent/Guardian Participant 2
Child Participant 3 9 years old	Parent/Guardian Participant 3 Parent/Guardian Participant 4
Child Participant 4 7 years old	Parent/Guardian Participant 6 Parent/Guardian Participant 7
Child Participant 5 11 years old	Parent/Guardian Participant 8
Child Participant 6 10 years old	Parent/Guardian Participant 5

Note. Child and parent/guardian participant numbers are based on the order they were interviewed (except child participant 6 who was not interviewed). Age of the child participant refers to the age they were at the time of the study. Child participants 3 and 4 had both their parents/guardians interviewed. Other child participants had only one parent/guardian interviewed.

3.6 Data Collection Methods

This study used three data collection methods: SDQs, Parent/Guardian and Child CHAMPS MAT evaluations, and semi-structured interviews. See Figure 1 for which

data collection method(s) were used with each participant group. Using three methods allowed for data triangulation and a range of data to be collected. The CHAMPS MAT Evaluation Questionnaires and interviews were completed from the 26/03/2013 to the 16/05/2013. The self-report SDQs were completed by parents/guardians from 26/02/2013, but were not accessed by the researcher until ethics consent was received on the 26/03/2013.

Figure 1: Data collection methods used with each participant group

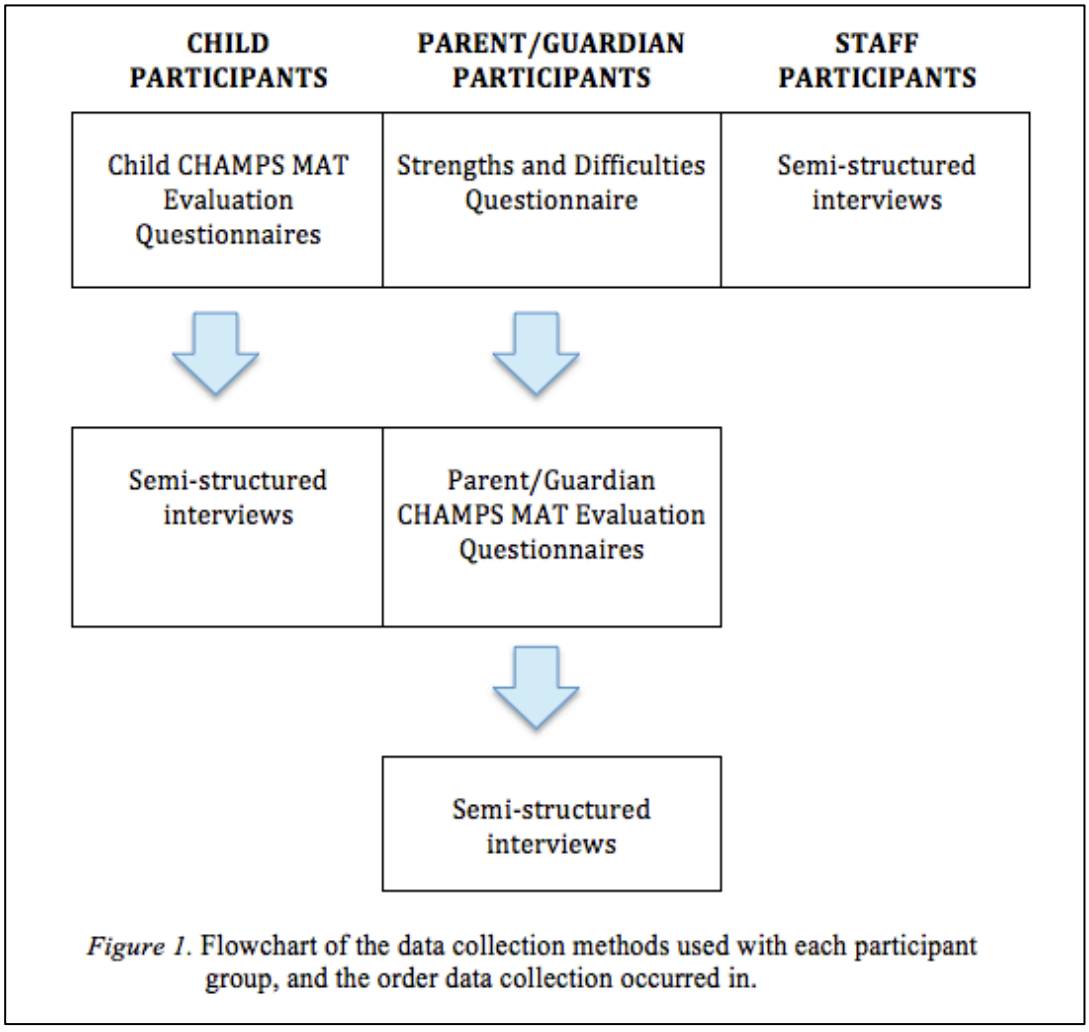


Figure 1. Flowchart of the data collection methods used with each participant group, and the order data collection occurred in.

Strengths and Difficulties Questionnaire.

The SDQ is a quantitative screening measure of pro-social behaviour and behavioural and emotional adjustment for children aged 3 to 16 years old (Goodman, 2001) that can be completed by parents, teachers or children (see Appendix I). The SDQ was modified from Rutter Parent Questionnaires by Goodman in the 1990's to provide a brief, reliable, clinically relevant and easy to use assessment of child and youth

psychopathology (Ruchkin, Jones, Vermeiren, & Schwab-Stone, 2008) that identified both strengths and weaknesses (Goodman, 1994). The SDQ has 5 scales measuring five areas of behaviour (emotional symptoms, conduct problems, hyperactivity, peer problems, and pro-social behaviour) with 5 sub-scales under each (see Appendix J). It also provides a total score by adding the scores from all but the Prosocial scale. Scores are compared to normative data for the child's age, sex and country (See Appendix K), and classified as normal, borderline or abnormal. The SDQ is a psychometrically sound measure (Goodman, 2001; Muris, Meesters, & van den Berg, 2003), demonstrating internal consistency, test-retest reliability, agreement between parent/child and parent/teacher responses, and concurrent validity (Goodman, 1997; Muris et al., 2003), including in Australia for parent-rated questionnaires (Hawes & Dadds, 2004). The SDQ is used in many different countries, and has been used in studies investigating: associations between children's conditions and behavioural problems, and the efficacy of behavioural training programs and parent training programs (Marzocchi et al., 2004).

The SDQ was given to parents/guardians by the researcher or the FaPMI program support worker during week four in keeping with the CHAMPS MAT program's usual practice of distributing them in the first four weeks. The FaPMI program support worker was familiar with the SDQ and could have given assistance to participants if it had been required. Four parent/guardian participants' completed it in that session, while two parent/guardian participants' had to return it at a later date. Parents/Guardians were asked to fill in the responses retrospectively. All parents/guardians in the February 2013 program completed SDQs in keeping with the program's protocol but the researcher only accessed the SDQs of the study's participants after they had given consent.

CHAMPS MAT Evaluation Questionnaires.

All child participants completed the Child CHAMPS MAT Evaluation Questionnaire during the last session of the program. The Parent/Guardian CHAMPS MAT Evaluation Questionnaire was completed by four parent/guardian participants at that session, while four had to return them at a later date. The questionnaires included qualitative questions and quantitative questions in ordinal Likert scales (see Appendices L & M).

Semi-structured interviews.

Semi-structured interviews using open-ended qualitative questions and quantitative Likert scales were conducted with all participant groups (see Appendices N-P). One child participant (child participant 6) did not participate in an interview as he did not want to be interviewed. The semi-structured interview schedules were collaboratively developed by the researcher and her supervisor, and were amended by the Eastern Health Human Research Ethics Committee. Semi-structured interviews were chosen for this study as they were able to further explore responses given on the CHAMPS MAT Evaluation Questionnaires by child and parent/guardian participants to obtain more detailed and meaningful information. Using predetermined questions maintained some control over the structure of the interview (Creswell, 2009; Kielhofner, 2006), ensuring integral themes were explored, while allowing participants to bring up themes the researcher had not preconceived (Axin & Pearce, 2006; Rubin & Rubin, 2005).

Most parent/guardian and child interviews were conducted at a community/health service building, with only one family (one child and two parent/guardian participants) interviewed in their home. At health service buildings, interviews took place in generic interview rooms. At home, the interview occurred in a quiet lounge room with the door closed to ensure privacy. During parent/guardian interviews the children were supervised in another room by the principal researcher or a FaPMI staff member. These qualified mental health workers were present according to the study's child safety procedure. Interviews were audio-recorded with permission from the participants and then transcribed by the researcher.

After the conclusion of the program and the obtainment of informed consent interviews with the staff participants were also conducted at a community/health service building in generic interview rooms. Qualified mental health workers were not required to be available for these interviews as no child was present and staff participants were not discussing potentially emotional or distressing topics. Interviews were audio-recorded with permission and then transcribed by the researcher.

3.7 Data Analysis Methods

Quantitative data analysis.

Percentages were the only descriptive statistics used to analyse quantitative data from SDQs and Likert scales. Other parameters were inappropriate given the small sample size. Descriptive statistics characterise data that is collected through a set of single variables and can be used in occupational therapy to provide in-depth descriptions of the experiences and behaviours of individuals, as well as to investigate new interventions that require substantial individualization (Kielhofner, 2006) such as the CHAMPS MAT program. The SDQs were evaluated using a scoring guide provided on-line by (YouthinMind, 2013) Scores were then compared with provisional bands of SDQ scores provided by (Goodman, 1997) and normative data for Australian boys (Mellor, 2005).

Qualitative data analysis.

Qualitative data was analysed using content analysis methods suggested by Liamputtong (2009, p. 282) and Bryman (2008, pp. 550-552). Content analysis was chosen as it allows identification of themes or patterns in data that occur within pre-determined codes or categories (e.g. semi-structured interview questions). Content analysis also allowed data to be compared and contrasted amongst participant groups and quantitative data (Liamputtong, 2009). The researcher followed the data analysis process outlined in Figure 2. Data from staff participants' interviews was analysed by the same process outlined in steps 1-3 in Figure 2.

Figure 2: Analysis process followed for child and parent/guardian participant's qualitative data

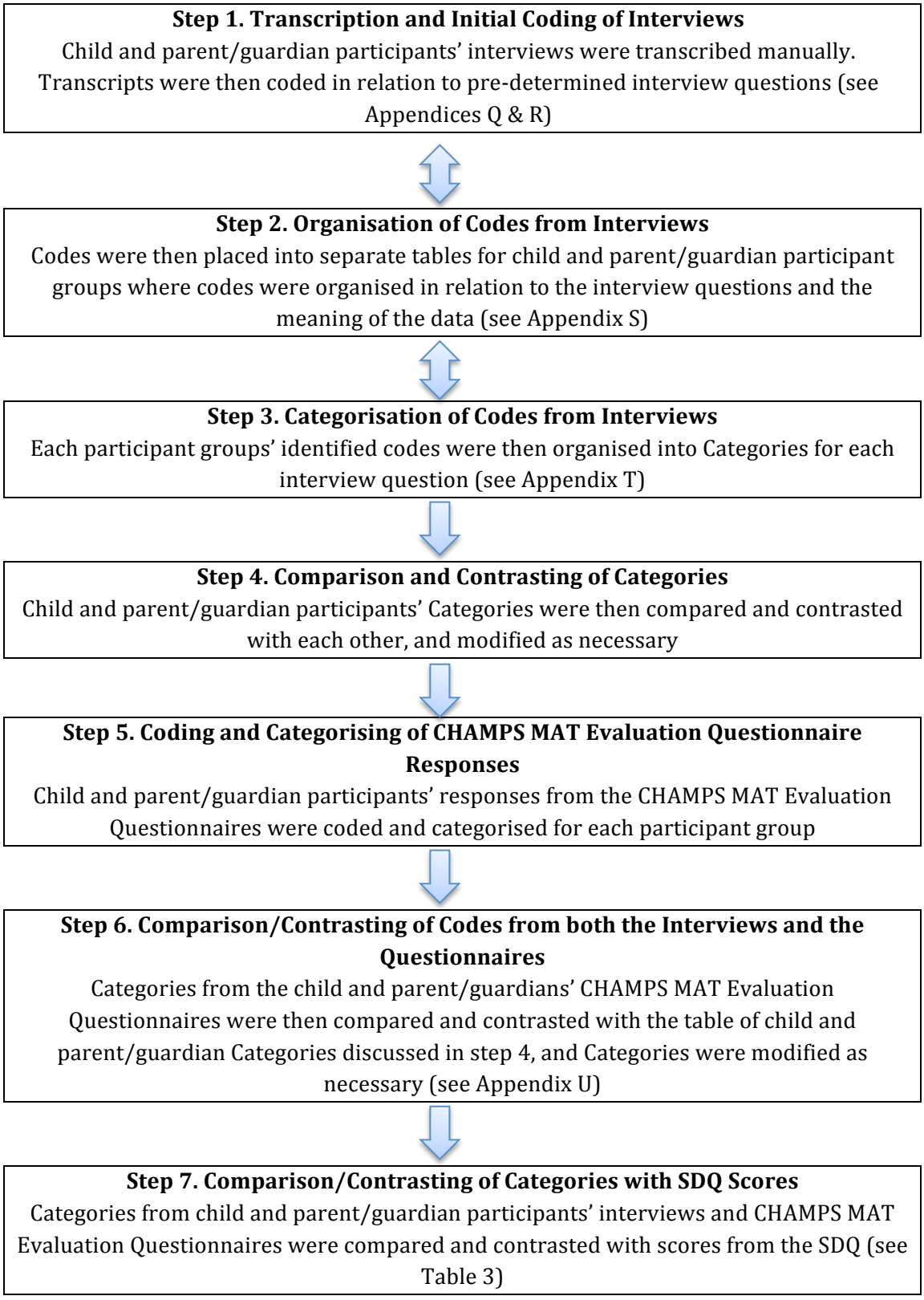


Figure 2. Flowchart of the data analysis process used to analyse qualitative data from child and parent/guardian participants' semi-structured interviews and CHAMPS MAT Evaluation Questionnaires, and compare and contrast this data internally and with quantitative data. Steps 1 to 3 followed an iterative process.

3.8 Research Rigour and Trustworthiness

This mixed-methods study was predominantly qualitative. Therefore the study's rigour and trustworthiness is discussed in more depth than it's reliability and validity.

Rigour refers to "the quality of qualitative inquiry and is used as a way of evaluating qualitative research" (Liamputtong, 2009, p. 20). Qualitative research can be considered rigorous if it meets four criteria: credibility and authenticity; transferability; dependability; and confirmability. Credibility and authenticity are used to determine if research is genuine, reliable or authoritative by exploring whether the explanation fits the description given by participants (Tobin & Begley, 2004). Transferability refers to the degree that a study's findings provide insights within contexts, or groups other than the one research was conducted in (Liamputtong, 2009). Dependability relates to whether research findings fit the data it was derived from (Liamputtong, 2009) and should be demonstrated through audit trails (Bryman, 2013). Confirmability is considered "the degree to which findings are determined by the respondents and conditions of the inquiry, and not by the biases, motivations, interests, or perspectives of the inquirer" (Liamputtong, 2009, p. 22). The level of rigour that a study has influences how trustworthy it is. Steinmetz (1991) considers a trustworthy study as one that demonstrates it has been carried out ethically, and shows that it's findings represents the experiences of the participants as closely as possible. A number of strategies were used within this study to ensure its rigour and trustworthiness, as discussed below.

Prolonged engagement.

Prolonged engagement improves the validity and credibility of research findings (Creswell, 2013), and the researcher had prolonged engagement in two CHAMPS MAT programs (see p.24). The prolonged engagement in the February 2013 program was beneficial for this study as participants were more motivated to participate and felt more comfortable talking with the researcher as well as being able to discuss emotional/difficult topics openly. It also helped the researcher to better understand the participant groups' experiences comprising: children participating in the program, parents/guardians observing the program and staff facilitating the program. Prolonged engagement in the 2012 program also helped the researcher to better understand the context and design of the program and informed this study's methodology.

Reflexivity and peer de-briefing.

Reflexivity occurs when the researcher acknowledges and reflects on how their role in the research and how their personal experiences, culture etc. could influence their interpretations of data (Creswell, 2013). It also supports the researcher's integrity (Liamputtong, 2009). The researcher was reflexive by acknowledging her involvement in CHAMPS MAT programs and her personal experience of having a PMI as well as discussing how these experiences influenced the research (see pp.32-33). She also described her contribution to the analysis process (see p.42) and provided an audit trail (see Appendices Q-U). The researcher also had regular peer de-briefing with her supervisor during development of the methodology, data collection, and data analysis. This involved the researcher and supervisor discussing and reviewing these steps during the research process to ensure data was gathered and analysed appropriately and without bias. Peer de-briefing is particularly valuable for qualitative data as it strengthens the legitimacy of interpretations/findings (Kielhofner, 2006).

Rich description.

A rich description of the research setting, participants, methodology, and findings has been provided in this study to ensure that readers are able to make decisions about the study's transferability (Liamputtong, 2009; Lincoln & Guba, 1985).

Member-checking.

Member-checking was used in the study's interview processes as it clarifies participant's responses and verifies researcher interpretations (Liamputtong, 2009; Teddlie & Tashakkori, 2009). Member-checking occurred throughout all participant interviews (Child, Parent/guardian, Staff) as the researcher asked clarifying questions and ended each interview with an overview of the participant's main points, allowing for additions to be made. Parent/guardian and staff participants were then sent a copy of their interview transcript for further member-checking.

Methodological-, data- and researcher- triangulation.

Triangulation involves converging information from different sources to corroborate findings from the data, and strengthen it's credibility (Fielding, 2008; Liamputtong, 2009). Methodological triangulation was used in this study as both qualitative and quantitative methods were utilized. Data triangulation was also used as

different methods of data gathering were utilised, and the participants' data was combined for analysis. Researcher triangulation occurred as the researcher and her supervisor separately analysed the data and then discussed any differences in their codes and interpretations in order to develop final codes.

Audit trail.

An audit trail allows persons external to the project to determine whether logical decisions and interpretations were made throughout the research process (Liamputtong, 2009). An audit trail can determine dependability and confirmability (Lincoln & Guba, 1985) and has been provided for this study in the form of descriptions and records of the data analysis processes (see Appendices Q-U).

3.9 Quantitative Validity and Reliability

Quantitative aspects of research are evaluated in terms of validity and reliability. Validity refers to both the quality of data received from instruments and the quality of the conclusions drawn by the researcher (Creswell & Plano Clark, 2011; Kielhofner, 2006). Reliability refers to "whether a given instrument provides stable information across different circumstances" (Kielhofner, 2006, p. 30; Teddlie & Tashakkori, 2009). The quantitative measure used (the SDQ) is regarded as both reliable and valid (Goodman, 1997, 2001; Muris et al., 2003) and therefore improved the validity and reliability of this study.

3.10 Chapter Conclusion

This study followed a mixed-methods approach that included using interviews with all participant groups and two questionnaires with child and parent/guardian participants. Content analysis and descriptive statistics were used to analyse data and determine findings. The study also used a number of strategies to increase the study's rigour and trustworthiness including reflexivity, peer-debriefing, member-checking and data triangulation.

CHAPTER 4. RESULTS AND DISCUSSION

This chapter explores the research results obtained in this study in relation to the study's research questions. It then discusses the findings in relation to the suitability and the effectiveness of the CHAMPS MAT program for children of parents with mental illness (Children of Parents with a Mental Illness Initiative) with psychosocial and behavioural problems, and families where a parent has a mental illness.

4.1 Research Question 1a: What are the Needs Regarding the Program of the Children who Participate in the CHAMPS MAT Program? And Research Question 1b: Does the CHAMPS MAT Program Address these Needs, and if so How?

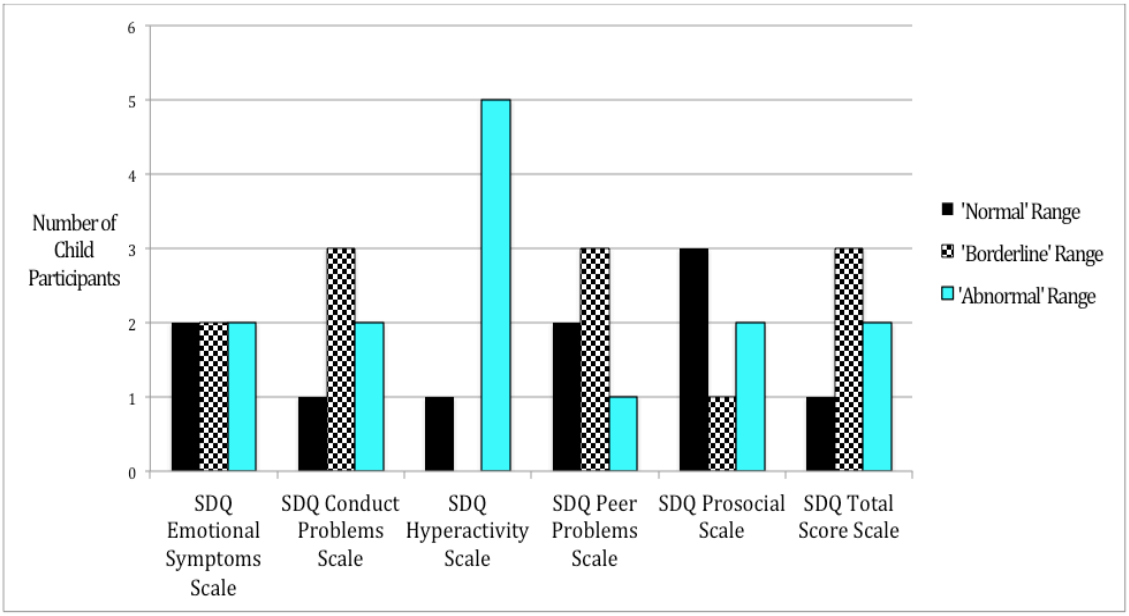
Research question 1a was addressed by evaluating data from SDQs and comparing this with responses on child and parent/guardian interviews and CHAMPS MAT Evaluation Questionnaires. Analyses of descriptive statistics and qualitative responses from interviews and CHAMPS MAT Evaluation Questionnaires were used to determine whether the needs of the participants were met and answer research question 1b.

Scores received on the SDQs represent the children's psychological adjustment relating to emotional symptoms, conduct problems, hyperactivity, peer problems, and pro-social behaviours (Goodman, 2001). The childrens' SDQ data is discussed descriptively in relation to normative data for Australian boys and is classified as normal, borderline, or abnormal scores according to their sex and age.

Compared to other Australian children in their age range and sex, only one child participant was in the normal range for the 'Total Score' for overall psychological adjustment (see Figure 3). One third (2/6) of the child participants were in the abnormal range, with half (3/6) in the borderline range. These results are not surprising for two reasons. Firstly, the CHAMPS MAT program is provided specifically for children who have behavioural or psychosocial concerns so it is expected that child participants would score as borderline or abnormal in at least one area measured by the SDQ. Secondly, children of parents with mental illness (Children of Parents with a Mental Illness Initiative) are more likely to experience emotional, conduct, hyperactivity-inattention, and peer problem difficulties, including: increased stress and anxiety

(Maybery et al., 2006), difficulty making friends, bullying and social isolation (AICAFMHA, 2004; Lancaster, 1999). Conduct and hyperactivity concerns (such as poor concentration and self-regulating behaviours) are also more common amongst COPMI (Foster, O'Brien, & Korhonen, 2012; Siegenthaler, Munder, & Egger, 2012). Psychosocial difficulties were also highlighted by the SDQ (see Figure 3 &Table 2).

Figure 3: Child participants' Strengths and Difficulties Questionnaire results



Note. Normative data for Australian boys of the same age and sex on the SDQ (source: Mellor, 2005) was used to categorize child participants into 'normal', 'borderline' or 'abnormal' ranges.

Two thirds (4/6) of the child participants received borderline or abnormal scores for the Emotional Symptoms scale suggesting the children are more likely to worry or feel unhappy. Five out of six children received borderline or abnormal scores on the Conduct Problems scale, and five out of six of the child participants received abnormal scores for the Hyperactivity Scale, meaning they are more likely to have temper tantrums, be disobedient, restless or distracted.

Two thirds (4/6) of the child participants received borderline or abnormal scores for the Peer Problems scale, and half (3/6) received borderline or abnormal scores on the prosocial scale. This means these children are less likely to have close friends or be considerate of others, and are more likely to be bullied.

Table 2: Individual child participants' Strengths and Difficulties Questionnaire Scores

	Child Participant 1	**Child Participant 2**	**Child Participant 3**	**Child Participant 4**	**Child Participant 5**	**Child Participant 6**
SDQ Emotional Symptoms Scale	*Raw Score*: 6 *Range*: Abnormal	*Raw Score:* 1 *Range:* Normal	*Raw Score:* 4 *Range:* Borderline	*Raw Score:* 4 *Range:* Borderline	*Raw Score:* 8 *Range*: Abnormal	*Raw Score:* 2 Range: Normal
SDQ Conduct Problems Scale	*Raw Score:* 3 *Range:* Borderline	*Raw Score:* 5 *Range:* Abnormal	*Raw Score:* 1 *Range:* Normal	*Raw Score:* 3 *Range:* Borderline	*Raw Score:* 8 *Range:* Abnormal	*Raw Score:* 3 *Range:* Borderline
SDQ Hyperactivity Scale	*Raw Score:* 3 *Range:* Normal	*Raw Score:* 9 *Range:* Abnormal	*Raw Score:* 8 *Range:* Abnormal	*Raw Score:* 10 *Range:* Abnormal	*Raw Score:* 10 *Range:* Abnormal	*Raw Score:* 9 *Range:* Abnormal
SDQ Peer Problems Scale	*Raw Score:* 3 *Range:* Borderline	*Raw Score:* 4 *Range:* Borderline	*Raw Score:* 4 *Range:* Borderline	*Raw Score:* 1 *Range:* Normal	*Raw Score:* 5 *Range:* Abnormal	*Raw Score:* 2 *Range*: Normal
SDQ Prosocial Scale	*Raw Score:* 7 *Range*: Borderline	*Raw Score:* 9 *Range:* Normal	*Raw Score:* 9 *Range:* Normal	*Raw Score:* 6 *Range*: Abnormal	*Raw Score:* 5 *Range:* Abnormal	*Raw Score:* 8 *Range*: Normal
SDQ Total Score Scale	*Raw Score:* 15 *Range:* Normal	*Raw Score:* 19 *Range:* Abnormal	*Raw Score:* 17 *Range:* Borderline	*Raw Score:* 18 *Range:* Borderline	*Raw Score:* 31 *Range*: Abnormal	*Raw Score*: 16 *Range:* Borderline

Note. 'Range' refers to the classification of SDQ scores as normal, borderline, or abnormal according to normative data for Australian boys of the same age and sex of the child participants (Source: Mellor, 2005).

Table 2 also highlights that the children attending the CHAMPS MAT program have differing severities of conduct, hyperactivity, and peer problem issues, with no two child participants receiving the exact same score for all the scales. This diversity suggests that the CHAMPS MAT program needs to be able to address a range of different issues. Overall, the SDQ results demonstrate that child participants had emotional, conduct, hyperactivity, and peer related issues, and highlight that children attending the CHAMPS MAT program have needs regarding these issues.

The findings from the SDQ support qualitative data gathered from child and parent/guardian participant interviews and CHAMPS MAT Evaluation Questionnaires. Parent/Guardian and child participants identifed seven needs that the children or parents/guardians needed to address by attending the program. Four needs were identified for the child participants and three needs were identifed for parents/guardians (see Tables 3 & 4).

Table 3: Program needs identified for child participants as reported by child and parent/guardian participants

Category: Needs of the child participants	**Sub-categories that demonstrate the need***	**SDQ Scores that demonstrate the need**
1. Help to self-manage behaviours and emotions and be better able to focus/concentrate	• Helping the child to calm down and/or deal with anger • Child needs consistency/routine • The child's parent wanted them to go** • To learn discipline and respect through martial arts • To "get more" focus and concentration** • Improved concentration	• SDQ conduct and hyperactivity scores

2. Involvement in interesting social and leisure activities	• Trying to find new or different activities for the children • Wanted a fun activity • Social interaction • Child interested in martial arts • Meet the child's interest in martial arts • Improved social skills and chances for interaction • Previous interest in and/or exposure to martial arts** • To get back into a weekly routine of attending/practicing martial arts** • Anything martial arts** • Fun	• SDQ peer problems scores
3. Support regarding having a parent with a mental illness	• Better understanding of mental health and peer-support • Respite for the child • Guilt over the affect parental mental illness has on children	-
4. Opportunities to improve self-esteem	• Self-esteem and inner strength • The child's parent wanted them to go**	• SDQ emotional symptoms scores

Note. Analysis of both the sub-categories and the SDQ scores led to the development of the categories i.e. the needs of the child participants.

* Refers to sub-categories identified from child and parent/guardian participants' semi-structured interviews and CHAMPS MAT Evaluation Questionnaires.

** Refers to sub-categories reported in child participants' data.

- Demonstrates that no SDQ score was related to or led to the development of the category.

Table 4: Program needs of the parent/guardian participants as identified in parent/guardian participant data

Category: Specific needs of parent/guardian participants*	**Sub-categories that demonstrate the need****
1. Practical supports/consideration to allow access to programs and services	• Cost of program • Increased numbers of locations the CHAMPS MAT program is held at • Transport and planning assistance • Personalising the program more for the parent and more parental peer-support.
2. Information and support regarding being a parent/guardian with a mental illness	• Personalising the program more for the parent and more parental peer-support. • Better advertising/awareness of the program (and other services) • Earlier knowledge of/access to the program

* Refers to the needs specifically of parent/guardian participants (excluding child participant needs). Parent/Guardian participants also identified that meeting their children's needs was important to them. Child participants' needs are shown in Table 3.

** Refers to sub-categories identified by the research in parent/guardian participants' semi-structured interviews and CHAMPS MAT Evaluation Questionnaires.

Child and parent/guardian participants were asked if everything they reported wanting to gain (their needs) from the CHAMPS MAT program was achieved, and child participants were also asked to rate the level to which the program fulfilled their needs. The majority of parent/guardian (6/8) and child participants (4/5) agreed that they had gained everything they wanted and needed from the program.

Three out of five child participants reported they gained everything they wanted/needed to the highest level (on a five-point scale), while one reported a level of four. The last child participant reported that he gained focus to a level of "*three to four"* and routine to a level of *"one"*. This may suggest that the CHAMPS MAT program

meets certain needs better than others, and/or that different children will have different needs met in various ways. Child and parent/guardian participants' needs and how they were addressed by the program are discussed below.

Child participants' needs regarding the program.

The program needs of the children that were identified in interviews and CHAMPS MAT Evaluation Questionnaires by child and parent/guardian participants are discussed in the various categories below. The program's ability to address these needs is also examined.

Help to self-manage behaviours and emotions and be better able to focus/concentrate.

Similarly to the SDQ, participants identified that the children needed help to self-manage behaviours and emotions. Six parent/guardian participants identified that they wanted their child to gain skills to help calm themselves, control their behaviour and deal with their anger. Three parents/guardians reported that their concern with their child's behaviour related to the child's "*anger and resentment*": *"He's definitely showing anger… at home… towards myself and daily towards his younger brother."* (Parent/Guardian Participant 1).

The other three parents/guardians reported that their child's "*impulsive, hyperactive*" nature was their main behavioural concern:*"I thought that… a martial arts program would…be good for his personality type…He's got a lot of get-up-and-go. He's a very spontaneous… hyperactive… person… I thought it would help to calm him."* (Parent/Guardian Participant 8).

Regardless of the type of behavioural issues, parents/guardians wanted their child to gain "*self-control*" and "*self-soothing*" techniques to control their behaviour and emotions. The two parents/guardians who didn't identify behavioural issues were the parents of the only child to receive a normal SDQ Conduct score. Whereas eight parents/guardians reported that their child needed to address behavioural concerns, only two child participants identified needs relating to their own behaviour. The children also reported different behavioural concerns than their parents/guardians. Child participant 6 discussed his behavioural issues in reference to his attitude::*"Mum thought*

it would be a good for me to come… because I haven't had the greatest attitude," while child participant 8 discussed his issues in relation to his difficulties concentrating: *"I'm not always paying attention. I get distracted easily… I just wanted to get more focus."*

All parent/guardian participants reported that their child had learned techniques such as "*the rock*" and "*deep breathing*" techniques (see Appendix B) to help them self-manage behaviour, be calm and focus/concentrate. They also reported that their child had learned the *"ability to calm themselves in certain situations"* and were better at *"letting things wash over [them]."* Parent/Guardian participant 8 reported that in relation to calmness, during the last week of the program, her child had *"been the best he's ever been for a long time."* Another important aspect of managing their behaviour and emotional responses was the child's ability to recognise their behaviour is innapropriate and that they need to do something to calm themselves without requiring prompting: "*He can recognise that he needs to do something… to calm down. Whereas before… he'd just continue running around screaming and crying"* (Parent/Guardian Participant 7).

Seven parent/guardian participants reported a decline in the number of times their child used the techniques after the program finished and that they needed to remind them to use the techniques:

> *"I think it has helped because we've done, he's done, the program and I've watched it… so we can still reflect on that… when I get home tonight and I get the attitude… I will be saying: deep breathing techniques."* (Parent/Guardian Participant 5).

Better self-management of behaviour and emotions was also seen in school environments, with one parent/guardian reporting their child has been *"more controlled at school"* despite struggling with *"impulse control"* in classrooms. Improved focus and concentration was also noted, with two parents/guardians reporting that their child was now focusing when parents/guardians were talking to him at home: *"he's stopping and listening which is a big thing for him."* Three out of five child participants reported that they have *"learnt to have better focus"* in the classroom and that they can now "*concentrate better."* Child participant 1 also reported that he had "*learnt to observe*" things, and that he would be able to learn new things by closely observing how someone else did it (e.g. to use a school computer program). Overall, the children appear to have

improved behavioural and emotional self-regulation, concentration, focus and observation skills after completing the CHAMPS MAT program. These results are supported by research that found martial arts improve concentration (Bell, 2008; Zivin et al., 2001), and self-regulation (Aljadeff-Abergel, 2011).

Involvement in interesting social and leisure activities.

Three parents/guardians identified that they often have difficulty finding leisure activities that interested the child and that they wanted to continue. Therefore their children needed a leisure activity they enjoyed and would commit to. Four children identified a desire to "learn martial arts" and all five children interviewed wanted to gain martial arts skills such as "breaking [a] board." This interest in martial arts was an important aspect of why children continued with the program to the end, and why parents/guardians thought it would be appropriate for their children.

The social aspects of the CHAMPS MAT program were also important for parents/guardians, particularly those who had children with borderline or abnormal Peer Problem SDQ scores. These parents/guardians identified that their children had difficulty "*making or maintaining friends*" and that they hoped the program would develop their child's "*social skills*": *"Making or maintaining friends…when he comes into the group he doesn't know… how to fit in."* (Parent/Guardian Participant 1).

This finding is consistent with existing research findings that COPMI are more likely to experience relationship and interpersonal problems, leading to difficulties developing and sustaining friendships and limited social networks (Lancaster, 1999; Thomas & Kalucy, 2002).

The CHAMPS MAT program can be considered a leisure occupation because it is chosen by families to "fill uncommitted time" (Christiansen & Townsend, 2010). Two parents/guardians specifically reported that their child met their need for a leisure activity that interested him (martial arts) as he had *"learnt the kicks and stuff"* and had really enjoyed the program. Attending the weekly leisure activity also provided respite to the child, according to two parents/guardians: "*To give him a break from home and us and the other two kids… it's probably [good for him to] have him something for himself… so he can think: well I can do that and you can't."* (Parent/Guardian 7).

The above parent/gaurdian participants' reponse highlights that the program is an activity that children could get a sense of pride and acheivement from, and this is supported by four parent/guardian participants who reported that their child was "*proud*" of themselves for participating in the program and received a "*sense of achievement.*"

Four parent/guardian participants also reported that their child had been given opportunities to interact with children formally and informally throughout the program, and that even those children who had difficulty engaging with the other children were able to interact socially each week. This interaction with other children reportedly helped the children to develop their social skills. One parent/guardian reported their child had learnt to be "*more co-operative"* with other children, while others reported more general improvements in their social skills, *"group dynamics"* and ability to interact with other children:

> *"They'd all get together and… talk to each other or muck around and… draw stuff on the white board and they'd talk to each other about what they're doing and… it was good to watch… it was a great benefit for sure."* (Parent/Guardian Participant 2).

Two child participants reported that they used the techniques, games and moves they learnt in the program as a way of engaging with other children by showing them how to do the moves or games together: "*If I do it by myself then I am alone but with friends it helps me feel better… Because I'm playing with friends … I teach them… to be... the samurai."* (Child Participant 2).

Thus the CHAMPS MAT program provides both a social and a leisure occupation to the children who attend, as well as teaching them social skills and martial arts games/moves that they can use to engage with other children.

Support regarding having a parent with a mental illness.

Three parents/guardians wanted their child to gain a better understanding of mental illness and to receive peer-support regarding having a parent with a mental illness (Children of Parents with a Mental Illness Initiative): *"He needed… some kind of support. Something that made him feel like he wasn't the only kid who had a mum with a mental illness." (*Parent/Guardian Participant 3). A literature review by Huntsman

(2008) also found that COPMI reported needing more information about their parent's illness, and someone to talk to.

Parent/Guardian participants reported that the children received support in regards to having a PMI in the form of (a) peer-support and (b) gaining the awareness that they are not the only child who has a PMI. Peer-support was provided but will be discussed below in Research Question 2. Parents/Guardians reported their child gained awareness that other children have a PMI because parents/guardians discussed this with their children before beginning the CHAMPS MAT program. One parent/guardian described how this awareness and support affected her child by reporting the child no longer used the parent's mental illness as an excuse for not obeying her, and was more willing to listen to the parent: "*He doesn't throw at me: 'oh it's because… you've got a mental illness' anymore. I haven't heard that in a while. Whereas that was his very big stand-out, like he's the only one." (*Parent/Guardian Participant 3).

Opportunities to improve self-esteem

Two parent/guardian participants identified that their child needed opportunities to improve their self-esteem and inner strength: "*He's definitely had some issues with self-esteem." (Parent/Guardian Participant 1).*

"*He doesn't want to tell his dad: 'dad I really… don't like it when you sell my things'…[so]… I try to do all this stuff…[to help him become]… strong enough inside to say: 'that's enough'*." (Parent/Guardian Participant 5).

This is consistent with research that found COPMI are more likely to have self-esteem and emotional issues such as those highlighted by the SDQ (Foster et al., 2012; Reupert, Cuff, et al., 2012).

Five parents/guardians reported that their child had improved self-esteem and fewer emotional concerns after the program. Parents/Guardians reported their child had *"come out of [their] shell"* and that the program had helped *"him a lot with self esteem."* Two parents/guardians agreed that their child was "*a lot happier"* overall after the program and this is important as all the children of the parents/guardians who reported these improvements had abnormal or borderline SDQ emotional symptoms

scores. This finding is supported by research, such as Paul (2011), that found martial arts improve self-esteem and mood.

Parents/Guardian participants' program needs.

When asked why they came to the program parent/guardians only reported the needs of their children and none of their own. Therefore the needs of the children can be considered a need of the parents/guardians. Two other needs specifically for the parent/guardian participants were also found when analysing parent/guardian data, as discussed below.

Practical supports/considerations to allow access to programs and services, and information and support regarding being a parent/guardian with a mental illness.

Parents/Guardians have needs relating to practical aspects of programs including the cost and location of the program, transport and personal considerations. Three parent/guardians reported they were able to access the CHAMPS MAT program because it was free and they didn't *"have to buy a uniform or all the things…for... [other] karate [classes]."* The location was also a major "*drawcard"* for why people came to the program as they needed to be able to get to the program after school in a reasonable time. Transport was another issue for at least 3 families, with one requiring planning assistance to get to the program, and two requiring transport assistance from external agencies. Two parents/guardians also reported that that they would like the program to be personalised to their mental health needs i.e. ensuring the parent/guardian is near the door to reduce their *"anxiety."*

All parent/guardian participants reported that they had heard about the CHAMPS MAT program through recommendations/referrals from external agencies. Parent/Guardian participant 3 reported that they had "*no idea… what sort of services are out there."* This suggests families aren't aware of services available to them unless they are linked into support/mental health agencies, and that families with a PMI need to be provided with more information regarding programs and services. This aligns with Alakus, Conwell, Gilbert, Buist, and Castle (2007) whose focus groups with mental health service consumers, carers and clinicians found that families with a PMI are often unaware of available services/programs. Parent/Guardian participant 8 also reported that

they didn't have opportunities to talk to other families with a PMI and that they would have liked to have an *"introduction"* to the other parents/guardians so that it was easier to talk to them each week and get support:

> "*You're not normally put in a position where you know people have got a mental illness. Whereas here we're in a position where we know… that's why we're here and that's okay. And if you're willing to be upfront, and be in a group like that, then you should be willing to… be personal with the others."* (Parent/Guardian Participant 8).

This suggests that parents/guardians attending the program may need peer-support and opportunities to share with other parents with mental illness. This is consistent with the views of Australian mental health clinicians in a study by Reupert and Maybery (2011) who reported that parents with mental illness need to learn from and with one another.

The program addressed these needs by being free of charge, in a location where public transport is manageable, and helping families organise transport with assistance from external support agencies. As well as being provided with information and access to FaPMI services, the program provided limited opportunities to socialise and receive peer-support from parents/guardians in similar situations. However one parent/guardian reported that it was difficult at times to engage with the other parents/guardians and that it would be beneficial if the program created more formal opportunities for parent/guardian interaction. Overall this suggests parents/guardians do receive practical supports/considerations to allow access to the CHAMPS MAT program and some information and support regarding being a parent/guardian with a mental illness, but that the program could better meet these needs.

The needs (reasons for attending) identified by child and parent/guardian participants include the four reasons that children engage in occupations: opportunities, resources, motivations, and parent views and values (Wiseman, Davis, & Polatajko, 2005). Families engaged in the program because: it was made available to them through external agencies, it assisted them with transport and financial constraints, the children were motivated to do martial arts, and the parents/guardians believed their child would benefit from the program.

4.2 Research Question 1c: Are there any Needs Not Being Addressed by the CHAMPS MAT program, and Why?

Three participants identified one sub-category of a need that hadn't been fully addressed by the CHAMPS MAT program. However they identified that their other needs had been addressed. The need sub-categories that weren't completely addressed were: social skills, a feeling of routine, and an increased understanding of mental illness. Parent/Guardian participant 1 reported that her son still had some difficulty with *"social dynamics",* sometimes finding it hard to include himself in peer groups. However child participant 1 did not identify social skills/dynamics as a need he didn't gain. However, he reported that the program was not long enough for him to gain a sense of routine and that he was only beginning to get *"used to"* the program. The short length of the eight-week program may explain why some needs are not fully met. This may suggest that the CHAMPS MAT program needs to run for a longer period in order to be fully effective, or that the program's staff need to ensure parents/guardians and children have the skills and knowledge to continue to make improvements once the program has ended. One parent/guardian reported that the need for increased understanding of mental illness by the children was not met because mental illness was not specifically discussed in the program. However, the parent/guardian also said that she was happy with the program despite not having this need met:" *My understanding of the program before we started it was…that they were going to… touch on some issues in a kids way about mental illness… they didn't seem to do that. But it was still a great program."* (Parent/Guardian Participant 5).

The CHAMPS MAT program was not designed to discuss mental illness in detail, instead providing children with the behavioural and emotional self-management skills that would allow them to later engage in more psycho-educational- and mental illness-focused programs. There may be discrepancies between families' expectations of the program, what the program provides and how it does this, so more explanation of the CHAMPS MAT program may be needed before families are referred to the program.

Suggested changes to the CHAMPS MAT program to make it more effective and beneficial.

Throughout the semi-structured interviews, parent/guardian and child participants identified ways that the CHAMPS MAT program could be improved (see Appendix V).

Parents/Guardians reported that *'*having more discussion or training of certain topics/issue*s'* (i.e. social dynamics, mental illness) would help meet the children's social needs and provide a better understanding of mental illness. Parents/Guardians also thought that some changes to the structure and way the program is run could help the program better meet needs. This included making it easier for parents/guardians to attend by having the program run at more locations, at a later hour, and for a longer duration.

Two parent/guardian participants reported that 'having CHAMPS MAT program staff have a better understanding about the child's/family's individual circumstances' would make the program more effective and enjoyable. Knowing more about the parent's mental illness might help staff to prevent situations that trigger parent's symptoms e.g. Parent/Guardian participant 3 reported that the siblings present at the sessions made her feel "*stressed"* and triggered her anxiety, and she would have liked them to be occupied elsewhere. Parent/Guardian participant 6 reported that having more information about the child's life might help to make the program more effective: "*Having more of an understanding of what the kids are actually going through in their own lives… so that it's related back into the interpersonal situations [discussed in the sessions] a bit more."* (Parent/Guardian participant 8).

'Making families more aware of services/programs available to them' was another suggestion as many parents/guardians felt they weren't aware of services available to them, and how to access these:

B*ecause we're not in the public system we don't know what's available so if somebody doesn't recommend it… I mean it's the first time we even knew there was something out there for the kids. I've got no idea… what sort of services are out there.*
(Parent/Guardian participant 3).

'Having more assistance getting to and from the program' was also suggested by some parents/guardians. While most families were able to get to the program with or without assistance parent/guardian participant 7 reported that paid "*taxis*" might be a *"benefit"* for some families.

4.3 Research Question 1d: In what Ways is the CHAMPS MAT Program Beneficial for Children who have a Parent(s) with Mental Illness?

Parent/Guardian participants were asked if their child had benefitted from attending the CHAMPS MAT program, and what these benefits were. Five parents/guardians reported that their child had *"definitely"* benefitted from the program, scoring fives on a five-point Likert scale, while three parents/guardians gave a score of four. The parents/guardians identified eight benefits (see Table 5) and these were supported by child participant responses.

Three of the eight benefits were produced directly because the program addressed their child's needs (see Table 3). These primary benefits were: (a) the child got support regarding having a parent with a mental illness, (b) the child learnt games/activities they can do in other places and (c) the child improved their self-confidence, pride and resilience. For example, as discussed previously, 'the child got support regarding having a parent with a mental illness' is a benefit because it meets the child's need of 'support in regards to having a parent with a mental illness'. The remaining secondary benefits resulted from the children's application of skills learnt in the program or their engagement in the sessions.

These five secondary benefits were: (a) the child has less aggression and behavioural problems, (b) the child improved their school performance, (c) the child got social benefits and a sense of belonging, (d) the child enjoyed coming to the program and having it as part of their weekly routine and (e) the child got to have a role model.

As a result of the CHAMPS MAT program meeting the children's need for 'help with self-management of behaviour and emotions, and their ability to focus/concentrate' the children benefitted by having **'**less aggression and behavioural problems**.'** This reduction in aggression and behavioural problems may occur because: the child is better able to manage their emotions and behaviours; the CHAMPS MAT program helped to address issues that led to the child's aggression/behavioural problems, or because of un-related personal changes for the child. Five parent/guardian partcipants emphasized that one of the most beneficial behavioural improvements they saw at home was a decrease in aggression and fighting. The child participants also agreed, with three children reporting that they had been fighting less with their siblings

Table 5: Benefits for child participants as identified by parent/guardian participants and supported by child participants

Category	Sub-category	Parent/Guardian participant codes*
Primary Benefits	The child got support regarding having a parent with a mental illness	• Peer support and awareness other children have parents with a mental illness • Respite from home and an activity that is just for the child
	The child learnt games/ activities they can do in different places	• The children learnt games and activities they can do at home
	The child improved their self-confidence, pride and resilience	• Increased confidence • Self-pride • The children felt strong • Increased resilience
Secondary Benefits	The child had less aggression and behavioural problems	• Less aggression and behavioural problems • Learning/taking on new techniques and perspectives • Increased resilience
	The child improved their school performance	• Increased school performance
	The child got social benefits and a sense of belonging	• Gained social benefits (friendships and social skills) • Belonging and engagement in the program • Encouragement from the parents • Improved communication and listening skills
	The child enjoyed coming to the program and having it as part of their weekly routine	• Regular structured routines /weekly enjoyable event • The children enjoyed going to the program
	The child got to have role models	• Instructors as role models the children can look up to

* Refers to codes identified in parent/guardian participants' semi-structured interviews and CHAMPS MAT Evaluation Questionnaires.

and parents/guardians since beginning the program: "*There's been less fights… if his sister's… screaming at him or something… he'll just… try and do [the rock] to stop himself from getting into a real situation with her.*" (Parent/Guardian Participant 2).

"*When I'm watching tele[vision] my brothers often play with each other and they make noises so that is hard to block out but I end up doing it successfully… like I don't have any reactions to… them annoying me.*" (Child Participant 8).

These reponses are consistent with Twemlow et al. (2008) who found traditional martial arts decreased aggression in children. One parent/guardian did report that their child's aggression had increased during the last few weeks of the program, however they thought that the anger was caused by and "*directed at other things*" in the child's life including the death of a family friend.

The benefit that 'the child improved their school performance' is linked to the children's need for 'help with self-management of behaviour and ability to focus/concentrate.' Three parent/guardian participants reported that their child had *"been better"* in school, and one child reported: *"I've actually been doing much better at school… my grades are becoming higher."* This finding is important as COPMI are more likely to have poor academic engagement and performance (Foster et al., 2012).

The benefit that 'the child got social benefits and a sense of belonging' occurred when the child's need for *'social and leisure activities'* was met. As well as learning foundation skills for socialising such as "*listening skills"* the children were given the opportunity to engage with other children and *"[gain] some friendships."*

Parent/Guardian participant 1 reported that having "*a sense of belonging*" was beneficial for her son (child participant 1) who noted that he was beginning to feel *"part of the program."* These social benefits are important as four child participants identified peer problems on the SDQ.

Parent/Guardian participants identified another benefit was that 'the child enjoyed coming to the program and having it as part of their weekly routine.' This observation was supported by the child participants' responses on the Child CHAMPS MAT Evaluation Questionnaire that found five children reported they "*definitely"* enjoyed being a part of the program to a level of five out of five, although one child reported a level of *"three to four." "He had a great time going… and he really, really enjoyed*

himself… I think he'd prefer to do that every single week of his life." (Parent/Guardian Participant 5).

Having routine activities is important for COPMI as they are more likely to experience frequent changes in their routine (Fernbacher et al., 2009), and the CHAMPS MAT program offers these children an enjoyable weekly routine. Another identified benefit for children was that 'the child got to have a role model', that they could respect, listen to and learn from; particularly because the MAT instructor had gone through a similar MAT program as a child and had "*gone through it*" himself: "[My son] *respects what's going on here. He respects the… people who are leading it. He likes them and looks up to them… he respects what they're teaching him."* (Parent/Guardian Participant 8). Parent/Guardian Participant 3 also reported that her son *"got somebody else's point of view. Like the two guys. He's got their point of view. Not as [his] dad and not [his] brother that he can actually listen to."*

As described below, parent/guardian participants also identified benefits for themselves.

Parents/Guardians were able to use the techniques taught in the program.

There were two reasons why parents/guardians benefitted from using the techniques taught to children in the program. Firstly, two parents/guardians reported that they used the techniques to *"relax"* and calm themselves in challenging situations: "*The rock…all the bits and pieces that they… taught the kids. I kind of took in myself so… I can use it."* (Parent/Guardian Participant 5).

Secondly, they used the techniques as a parenting tool by reminding and assisting the children to use the techniques when necessary. Thus the CHAMPS MAT program was a useful program for parents with a mental illness as well as their children.

Parents/Guardians and siblings can enjoy the CHAMPS MAT program.

Three parents/guardians reported that they and the child's siblings enjoyed the CHAMPS MAT program either by watching the program and enjoying the fun of the session, or by using the time as respite. Two parent/guardians used the time their child was at the program to have coffee together and that this was enjoyable for them. These

responses suggest that parents/guardians can benefit from having their child in the program whether or not the parents/guardians attend the session, even though the benefits may differ according to their attendance.

Parents/Guardians were linked into services.

One parent/guardian reported that she felt that being made aware of and "*hooked"* into other services was beneficial because this would allow her to *"help myself and to help him for years to come."* Ways that parents/guardians can get linked into other services is to ask CHAMPS MAT staff about other services, or to accept the FaPMI program support workers offer to progress into other programs.

Three quarters of parents/guardians believed that the program caused the benefits they saw, while others could not tell if it had been the program alone that had been beneficial:

"*I guess I can't really for certain put that on the program but… from what they doing… I would have thought that that's been a real help… nothing else really happened that I could see affecting any change. So yeah, I had to put it to the program for sure."*
(Parent/Guardian Participant 2).

Parent/guardian participant 8 reported that the CHAMPS MAT program had caused the benefits through acting as a "*complementary element*" to the child's existing behavioural and medical treatment plan e.g. medications and training: "*I think there's probably some different areas. I think doing this [the CHAMPS MAT program] definitely helps him."* (Parent/Guardian Participant 8).

Collectively, these responses suggest that the CHAMPS MAT is beneficial for COPMI and parents/guardians with mental illness regardless of whether it's provided on its own or alongside formal treatments.

4.3.1 Occupational benefits of the CHAMPS MAT program.

The CHAMPS MAT program also caused positive changes in the children's engagement and performance in occupations at home and school (see Table 6).

Table 6: Occupational benefits for child participants at home and school reported by child and parent/guardian participants

Occupational benefits noted at home	**Occupational benefits noted at shool**
1. Reduced disruptions to occupations/activities	1. Improved engagement and performance in classroom activities
2. Increased independence and participation in tasks	2. Reduced interruptions to occupaitons/activities
3. Increased willingness to try new activities/occupations	3. Increased opportunities for social activities/occupations
4. Improved sleep	

At home, the children were less likely to be interrupted while performing activities/occupations as the majority (8/13) of child and parent/guardian participants reported that the children were less distracted by their siblings and less likely to stop what they were doing in order to fight. Two parent/guardian participants reported that their child was more independent in doing activities/occupations at home, as well as being more willing to try new activities than he would have been before the program: "*It's given him a little bit of independence… he'll not wait for us to go and heat his…lunch… he wants to do it himself."* (Parent/Guardian Participant 4).

One child participant also reported that his ability to fall asleep has improved by using deep breathing techniques from the program. Sleep is an important occupation as it can impact the person's daily occupations, particularly academic activities (Gomez, Tavares, & de Azevedo, 2011).

Seven participants also reported that the child was more engaged with school activities/occupations because they were better able to "*focus*" and "*concentrate*" and nine participants reported they were less likely to interrupt activities due to behavioural or emotional outbursts, leading to better performance in school activities:

"H*e would get really upset at things that other kids would be saying…His new teacher says he's been really good…[previously] there'd be episode after episode of him taking it to heart and…literally curling up in a ball and crying in class to [now] not taking it so seriously and coming home and talking about it. Or talking to the teacher about it."* (Parent/Guardian Participant 3).

This finding is supported by research that found martial arts occupations decreased maladaptive classroom behaviours (Morand, 2004) and improved cognitive and affective self-regulation (Lakes & Hoyt, 2004).Children also had increased opportunities for social activities as two children reported using the games taught in the program to play with other children and make friends at school.

4.3.2 Effective features of the CHAMPS MAT program.

Parent/guardian and child participants were also asked to identify the features of the CHAMPS program that led to the children and parents/guardians having their needs met, and gaining the benefits they saw. Two main features of the program were identified: the way the instructors interacted with the children, and the way the instructors structured and ran the program (see Table 7).

Interaction style with the children.

The way that staff interacted with the children was identified as an important feature of the CHAMPS MAT program by both parent/guardian and child participants. Three parent/guardians reported that the MAT instructors worked in a "*funny and engaging"* way, and that this had a major effect on whether the children engaged in the program and listened to what the instructors were saying: "*The [instructors] have got them hook, line and sinker… [they] absolutely have a group of boys… engrossed in what was going on*." (Parent/Guardian Participant 3).

Three child participants reported that they found the instructors "*encouraging",* "*nice*" and "*not too strict."* The fact that the children found the instructors nice and engaging may have contributed to why they respected and viewed them as role models (as discussed previously), which was identified by four parents/guardians as an important feature of the program.

Table 7: Features of the CHAMPS MAT program that were effective in meeting needs and producing benefits as identified by child and parent/guardian participants

Category	Sub-category	Codes relating to the categories
Instructor's interaction style with the children		• Showed respect to the children • Balanced • Encouragement and kindness from the instructor* • Role models and respect for instructors • The instructors weren't too strict* • Funny and engaging
Structure of the program		• Structured/ran the program well
	Fun**	• Fun • Activities • Through games*
	Interactive**	• To "do it [the program]" with the parents • Behaviour of other children in the program • Sitting and talking* • Interactive nature of the CHAMPS MAT program
	Physical**	• Physical nature of program and learning the techniques/ having the techniques in the child's head • Having the Martial Arts as Therapy motto/code
	Opportunities to "watch" and "hear" instructors and practice the techniques**	• Observing instructors (watching and listening)* • By watching and hearing the instructors (watching and hearing)* • Practicing techniques and moves (homework) • Physical nature of program + learning the techniques/ having the techniques in the child's head • The use of fun games and the techniques taught in class • Building skills throughout the program* • Through games* • Practicing the techniques*

* Refers to responses from child participants.

** Refers to components of the structure of the program that were reported as being effective by child and parent/guardian participants

Structure of the program.

According to child and parent/guardian participants an important feature of the program that made it effective was the way the program was structured and run by

the MAT instructors to be fun, interactive, physical, and to provide opportunities to "*watch*" and "*hear*" the instructors and practice the techniques. Two parents/guardians and three children reported that the "*fun games*" were an important effective feature. The children reported that the games helped them to learn self-management techniques and other skills.

Child Participant 3 also reported that the way the instructors taught techniques was "*way different*" and less *"strict"* than other martial arts programs he had attended and this was supported by child participant 1 who reported that the martial arts classes he had previously attended were "*more serious"* and used less games than the CHAMPS MAT program. This suggests that the use of games to teach martial arts skills and self-management techniques is not widely used by martial arts program in the community, and that COPMI and other psychosocial and behavioural problems may benefit more from games-based martial arts programs than traditional programs.

The "*interactive*" nature of the program was also reported as important by parents/guardians and children. One child reported that the program encouraged "*sitting and talking"* about things, and that this was beneficial "*because you're sort of brainstorming and getting ideas and stuff."* One parent/guardian also reported that he thought that the instructors' attempts to include parents/guardians in the sessions through conversation, and providing chances for parents/guardians to engage with their children in the program, was a "*great idea."* Parent/Guardian participants also reported the "*humour"* the instructors instilled into each sessions made the program enjoyable and engaging: *"I got a giggle and I enjoyed watching these two young guys absolutely have a group of boys… engrossed in what was going on."* (Parent/Guardian Participant 3).

The physical nature of the program and of the self-management techniques were also reported to be effective by two parents/guardians. They reported that the program was "*a more physical*" type of program than other programs for COPMI they had taken their children to, and that this was beneficial. The physical nature of the techniques and moves may have contributed to the majority of children regularly practicing the techniques and games outside the program. One parent/guardian and three child participants reported that practicing and "*re-doing…and re-doing*" the techniques in and

out of the sessions helped their children's "*learning.*" Two child participants also reported that "*watching*" and "*hearing*" the instructors demonstrate the techniques in class helped them to perform techniques correctly.

The occupational nature of the program.

The features that were deemed effective may be explained by the occupational nature of the program. The program was fun, interactive, physical and provided opportunities to practice techniques because the children were actually engaging in the activity/occupation of the CHAMPS MAT program. If it had not been an occupation-based program (e.g. cognitively-based) the children may not have been able to practice the techniques or experience the same effective features. This would likely mean they would not have had their needs met or received the same benefits. This notion is supported by Durlak & Weissberg (2007) who found that occupation-based after-school programs that allowed children to actively practice activities more effectively reduced aggression and conduct problems and increased self-esteem and school performance than non-occupation-based after-school programs.

Overall, these results suggest that it is the distinctive way the instructors interact with the children and structure the program, as well as it's occupation-based nature, that makes the CHAMPS MAT program different from other martial arts programs and effective for families where a parent has a mental illness.

4.4 Research Question 2: Does the CHAMPS MAT Program Provide Peer-support for the Children?

Children in the CHAMPS MAT program are peers because they are of similar age, have a PMI, and have social and/or behavioural difficulties. Four child participants reported that it was good that all the children in the program had a PMI. Parent/Guardian and child participants also identified that the CHAMPS MAT program provided the children with some components of peer-support including: peer relationships, mentoring relationships, opportunities to share experiences and difficulties, education, and the knowledge that other people are going through the same situation. Parent/Guardian and child participants reported that the program educated the children about mental illness and increased their awareness that they are not the only children with a parent with a mental illness. However, this education and awareness was

predominantly developed through the parents/guardians discussing their mental illness with their children, as the CHAMPS MAT program is not designed to educate about mental illness:

"I kind of said to him you know, it's for kids who have parents or close family member… with a mental illness… so it's kind of starting with the fact that I think they feel that like they're the only one in the world who has to deal with it … All of these kids do too to some extent …so that for him was beneficial." (Parent/Guardian Participant 5).

The CHAMPS MAT program provided mentoring relationships with the instructors and also provided opportunities for children to share experiences related to having a PMI or psychosocial and/or behavioural difficulties by having instructors ask the children about their own experiences, and by allowing time for children to talk to one another. These peer relationships, and the knowledge that other children were going through the same situation, were identified by child and parent/guardian participants as a reason they thought it was good having the program specifically for COPMI.

The CHAMPS MAT program appears to offer some peer-support to children as, to varying degrees, the program provides five out of six components of peer-support. However, the program's ability to provide peer-support is dependent on the parents/guardians' ability and willingness to discuss mental illness with their children, as well as the child's engagement and participation in the sessions and with other children. This means that the level of peer-support provided may vary between individual children and CHAMPS MAT programs. More uniform ways of providing peer-support would be useful to ensure children receive peer-support.

4.5 Research Question 3: Are the Added Services provided to Parents of Children Attending the CHAMPS MAT Program Beneficial for Families, and Why?

The added services examined in chapter 1 are discussed with parents/guardians when the FaPMI program support worker calls to accept the child into the program. All parents/guardians received this phone call. Parent/Guardian Participant 8 described the call as *"friendly"* and beneficial because the FaPMI program support worker tried to *"make it work"* and ensure the family could attend the session. For this parent/guardian the phone-call involved discussing options of how the parent/guardian would organise

to pick-up older siblings from school so that they could take the child to the program. Parent/guardian 6 found the phone call helpful because it reminded them when the program was running and ensured they didn't forget it. Parents/Guardians thought they received enough information about the program from FaPMI and/or external agencies/services before commencing the CHAMPS MAT program.

However, none of the parent/guardian participants were aware of services such as transport assistance that could be provided. This may be because parents/guardians told the FaPMI program support worker they didn't need transport assistance and were able to detail their travel plans; and therefore the FaPMI program support worker did not offer any services. Parents/Guardians reported that they didn't require the services because they were able to plan, had transport or because they were already involved with an external social or health agencies/services that provided transport options such as drivers and/or carers for the children: *"Because of our involvement with [our worker] from Domcare… she… made sure that if there were any issues getting there or things like that she was always first to offer help."* (Parent/Guardian Participant 2)

These responses suggest that while the phone call was helpful, improvements could be made to how the initial call is conducted and how services are offered. Having more uniform questions and ensuring that services are offered to everyone would be beneficial for families, as would greater consultation with the family's external agencies to ensure the services that families require are provided.

4.6 Research Question 4: What do Staff involved with the CHAMPS MAT Program Perceive to be the Benefits for the Families and Children Attending the Program?

It is important to also explore what CHAMPS MAT staff believe are the benefits for families, as this could identify discrepancies between what the staff felt the program offers to family and what it actually does. All staff participants believed that children and parents/guardians who attended the program received benefits, and these benefits closely related to what staff participants identified as needs of both the child and parent/guardian participants (see Appendix W). They also reported that every child and parent/guardian would benefit in different ways, and that not every child or parent/guardian would get every benefit because they have different needs and

experiences of the program. Staff identified five benefits for the children who attended the program, and three benefits for the parents/guardians (see Table 8).

Four of the five benefits for the children identified by staff participants were closely linked to benefits that participants reported the children received. The one benefit identified by staff participants that was not identified by parents/guardians or children was that the children could move on to other FaPMI or mental health programs. This may have been identified by staff but not by parents/guardians because the staff recognise the importance of having the children move onto cognitive and mental health-focused programs such as group programs that educate children about parental mental illness and teach life skills (e.g. the Smiles program). It is surprising that the parent/guardian participants were able to identify more benefits than the staff participants as one would assume staff participants would have a better understanding of the program's benefits. The differences in responses may be due to staff participants being unable to think of these responses during the interview, differences in their professional backgrounds, and/or because the benefits reported by parents/guardians but not by staff are seen more in home and other environments where staff are less likely to observe them.

All three benefits for parents/guardians identified by staff participants were consistent with benefits identified by the parent/guardian participants. These findings suggest that staff have a sound understanding of the benefits for parents/guardians and/or that the benefits for parents/guardians are more observable to CHAMPS MAT staff than child benefits.

Table 8: Benefits for child and parent/guardian participants identified by child and parent/guardian participants as compared to benefits identified by staff participants

BENEFITS IDENTIFIED BY CHILD AND PARENT/GUARDIAN PARTICIPANTS	BENEFITS IDENTIFED BY STAFF PARTICIPANTS
Benefits for the children	
• The child had less aggression and behavioural problems	• The children can use techniques to control their behaviour
• The child got social benefits and a sense of belonging	• The children have social interaction with other children and parents/guardians
• The child got support regarding having a parent with a mental illness	• The program normalises having a parent with a mental illness
-	• The children can move on to other programs
• The child improved their self-confidence, pride and resilience	• The children have improved self-confidence and inner-strength
• The child enjoyed coming to the program and having it as part of their weekly routine	-
• The child got to have role models	-
• The child learnt games/ activities they can do in different places	-
• The child improved their school performance	-
Benefits for the parents/guardians	
• Parents/Guardians were able to use the techniques taught in the program	• Parents/Guardians can use techniques at home (for themselves or as a parenting tool)
• Parents/Guardians and siblings can enjoy the CHAMPS MAT program	• Parents/Guardians are able to watch and engage with their children
• Parents/Guardians were linked into services	• Parents/Guardians can get linked into other services

Note. Similar benefits identified by each participant group are located next to each other in the columns. Grey shading and a - demonstrates that a similar benefit was not identified by the other participant group.

4.7 The Effectiveness of the CHAMPS MAT Program

Thus the CHAMPS MAT program is effective in meeting the needs of the participating children and parents/guardians. The children's identified program needs were for (1) help to self-manage behaviours and emotions and be better able to focus and concentrate; (2) involvement in interesting social and leisure activities; (3) support regarding having a parent with a mental illness; and (4) opportunities to improve self-esteem. These are consistent with the needs of COPMI identified in research discussed in the introduction and literature review (Good et al., 2012; Lancaster, 1999; Reupert, Maybery, et al., 2012; Somers, 2007; Thomas & Kalucy, 2002). Addressing the children's needs and improving their participation in school occupations reduces their risk factors for poor mental health and overall wellbeing (Queensland Health, 2013). Two program needs for parent/guardian participants were identified by the research and addressed by the CHAMPS MAT program: (1) practical supports/considerations to allow access to programs and services; and (2) information and support regarding being a parent/guardian with a mental illness. These program needs are consistent with the needs of all parents with a mental illness, including the needs for information, support and access to services as reported by McKay (2004). This suggests the CHAMPS MAT program might also effectively meet the program needs of other parents with mental illness.

This study's results are consistent with research that found martial arts programs improve self-regulation of emotions and behaviour (Aljadeff-Abergel, 2011; Lakes & Hoyt, 2004; Palermo et al., 2006), concentration (Lantz, 2002), classroom behaviour (Morand, 2004), self-esteem (Zivin et al., 2001), and reduce aggressive behaviour (Twemlow et al., 2008). This suggests that children who have a PMI, and who demonstrate behavioural, or psychosocial problem would benefit from a martial arts program. However, this program was different from other martial arts programs because it was occupation-based in nature, and because of the various features of the program identified by parent/guardian and child participants. This included having instructors use encouraging, funny and engaging interaction styles with children, as well as providing a fun, interactive, and physical program structure that allows for observation and practice of skills. These features are similar to those reported by Bazyk and Bazyk (2009) who found youth valued the fun nature of occupation-based programs, and opportunities for interaction/discussion and to practice skills. The results of this current

study are also consistent with research that found occupation-based programs decreased externalising behaviours, aggression, conduct problems, and increased self-esteem, self-confidence, positive social behaviours and school performance. These programs also reduced barriers to occupational function and increased participation in school, home, social and leisure occupations (Durlak & Weissberg, 2007; Tokolahi et al., 2013).

This study demonstrates that the occupation-based CHAMPS MAT program is effective in meeting the reported behavioural, psychosocial, and emotional needs of COPMI, and their parents/guardians needs for support and information and access to services. The CHAMPS MAT program also provides occupational and other benefits to families, and achieves the program's aims (see Table 9).

Table 9 shows that child and parent/guardian participants' needs and benefits align with, and achieve the aims of the program. For example, the program's aim of improving self-esteem and self-confidence has been achieved because the child's need for opportunities to improve their self-esteem has been met. Although program aim six was not completely achieved by meeting the participant needs and providing benefits received by participants, all the parent/guardian participants indicated that they wanted to receive more information about FaPMI-run programs and provided contact details so FaPMI staff could stay in touch and inform them of future programs.

Table 9: Alignment of the aims of the CHAMPS MAT program with the child and parent/guardian participants' benefits and needs

Program aims	**Child and parent/guardian participants' benefits and needs***
1: Improve self-esteem and self-confidence	• Opportunities to improve self-esteem and reduce emotional concerns
2: Increase child's capacity to effectively manage their emotions and behaviours	• Help to self-manage behaviours and emotions & be better able to focus/concentrate • Reduced aggression and behavioural problems
3: Increase opportunities to have fun	• Involvement in interesting social and leisure activities • Enjoyment of coming to the program every week
4: Provide respite to the children and parents	• Involvement in interesting social and leisure activities • Support regarding having a parent with a mental illness • Information and support regarding being a parent/guardian with a mental illness, and the parenting role • Social benefits and a sense of belonging
5: Reduce isolation and meet others who have/are parents with a mental illness	• Involvement in interesting social and leisure activities • Support regarding having a parent with a mental illness • Information and support regarding being a parent/guardian with a mental illness, and the parenting role • Social benefits and a sense of belonging
6: Link families into the FaPMI Organisation	• Information and support regarding being a parent/guardian with a mental illness, and the parenting role • Support regarding having a parent with a mental illness

*Child and parent/guardian participants' benefits and needs achieved by the CHAMPS MAT program, as identified by child and parent/guardian participants

4.8 The Suitability of the CHAMPS MAT program

In order to consider the CHAMPS MAT 'suitable' to be funded and provided through the FaPMI organisation program it must: (1) appropriately meet the needs of families with a PMI; and (2) align with the goals and policies of the Families Where a Parent has a Mental Illness (FaPMI) organisation and other mental health policies.

The CHAMPS MAT can be considered suitable for families where a parent has a mental illness because the program meets the needs of the children and parents/guardians who attend, and because it addresses their access issues such as transport and financial constraints.

Because the CHAMPS MAT program is effective for families with a PMI, it can be considered suitable to be provided through FaPMI as the program aligns with the organisations three service development objectives (Maybery et al., 2012, p. 7). It addresses objective one: "Increase the capacity of specialist mental health services to provide a family-focused response to the parenting needs of their clients and the needs of their client's children" by recognising the needs of these children and providing effective assistance to optimise their health. It addresses objective two: "Increase the capacity of specialist mental health service network partners to recognise and respond appropriately to parental mental illness" by giving parents/guardians appropriate support to manage adverse circumstances and maximise their family member's resilience by giving them support, access to services, and skills to help their child self-manage behaviours/emotions. It addresses objective three: "Establish and strengthen the capacity of networks and support structures involving mental health services and their network partners, in partnership with consumers and carers, to support the needs of all family members through collaborative approaches to service" by providing funding and staff for the CHAMPS MAT program, and providing a targeted service that supports the needs of families with a PMI.

The CHAMPS MAT program also aligns with relevant aims of the Victorian Government's '*Because mental health matters: Victorian Mental Health Reform Strategy 2009-2019'* policy, and it's reform areas relating to COPMI (General Practice Victoria, 2009, p. 3; VGDHS, 2009). These reforms comprise area 1: "Promoting mental health and wellbeing – preventing mental health problems by addressing risk

and protective factors" and area 2: "Early in life – helping children, adolescents and young people (0-25 years) and their families." The program does this by reducing risk factors for mental health, providing an age-appropriate treatment for children with emerging mental health problems, and providing targeted support for these vulnerable children.

This research provides evidence that the CHAMPS MAT program is effective and suitable for families where a parent has a mental illness, and suitable for provision by mental health services such as the FaPMI organisation.

CHAPTER 5. CONCLUSION

This chapter summarises the answers to the research questions and concludes the thesis by demonstrating how the results of the study address the research aim. It also briefly discusses the strengths and limitations of this study, and makes recommendations for future CHAMPS MAT programs and related research.

5.1 Summary of Research Questions

The aim of this study was to investigate whether the CHAMPS MAT program is an effective and suitable program for children with a PMI, who demonstrate at least one behavioural or psychosocial issue that impacts their engagement in activities and occupations. The research questions for this study were: (a) What are the needs regarding the program of the children who attend the CHAMPS MAT program?; (b) Does the CHAMPS MAT program address these needs, and if so how?; (c) Are there any needs that are not being met by the CHAMPS MAT program, and why?; (d) Is the CHAMPS MAT program beneficial for children who have a parent(s) with mental illness?; (e) Does the CHAMPS MAT program provide peer-support for the children?; (f) Are the added services provided to parents of children attending the CHAMPS MAT program beneficial for families, and why?; and (e) What do staff involved with the CHAMPS MAT program perceive to be the benefits for the families and children attending the program?

Results from the parent/guardian and child participant interviews, CHAMPS MAT Evaluation Questionnaires and the Strengths and Difficulties Questionnaires demonstrated that the child participants had four needs: (1) help to self-manage behaviours and emotions, and be better able to focus/concentrate; (2) involvement in interesting social and leisure activities; (3) support regarding having a PMI; and (4) opportunities to improve self-esteem. In addition, three needs were identified for parent/guardian participants: practical supports/considerations to allow them to access programs and services; information and support regarding being a parent/guardian with a mental illness; and to have the needs of their children met.

Data collected from child and parent/guardian semi-structured interviews demonstrated that the majority of participants believed that the CHAMPS MAT program had met all the needs regarding the program that they had reported. Three

participants identified needs that were not fully met, comprising social skills, a feeling of routine and an increased understanding of mental illness. These were most likely not fully achieved because of the short timeframe of the program or because the topic was not covered to the degree the child required or that the family expected. Data from the parent/guardian interviews and CHAMPS MAT Evaluation Questionnaires also demonstrated that the needs of the parent/guardian participants were met to varying degrees. However improvements could be made to the program and it's administration in order to meet some of these more effectively.

Interview responses showed that the children received five components of peer-support: peer relationships, mentoring relationships, opportunities to share experiences and difficulties, education, and knowledge that other people are going through similar situations. However, the level of peer-support they received was dependent on the actions of their parents/guardians and the program should provide peer-support in a more routine way in the future. This could be achieved by ensuring instructors discuss the children's experiences of having a PMI more often in sessions, or by providing resources to support parents to discuss mental illness and the program with their child to ensure children are aware the other children in the program have a PMI.

Parent/Guardian and child participants also identified a number of benefits that the child received from the program. Three primary benefits were produced directly because the program addressed their child's needs (the child got support regarding having a parent with a mental illness, the child learnt games/activities they can do in other places and the child improved their self-confidence, pride and resilience), while five secondary benefits resulted from the child's application of the skills learnt in the program. These secondary benefits were: reduced aggression and behavioural problems, improved school performance, social benefits and sense of belonging, enjoyment of coming to the program every week, and role models they can identify with. Parent/Guardian participants also reported receiving three benefits: being able to use CHAMPS MAT techniques as a parenting tool, or for their own self-regulation, enjoying the CHAMPS MAT program, and being made aware of and linked into relevant services.

The program also had occupational benefits. Parent/Guardian and child participants' data demonstrated a number of occupational changes at home and at school for the children. At home these occupational benefits were: less disruption to occupations and activities, increased independence and participation in tasks, increased willingness to try new activities and occupations, and improved sleep. At school the occupational benefits were: improved engagement and performance in classroom activities, reduced interruptions to occupations/activities, and increased opportunities for social activities/occupations. By addressing the needs of child and parent/guardian participants, and by providing additional benefits and follow-up contact, the CHAMPS MAT program was effective in meeting the program's aims. These aims comprise: improving children's self-esteem and self-confidence, increasing children's capacity to effectively manage their emotions and behaviours, increasing opportunities to have fun, providing respite to the children and parents, reducing isolation and meeting others who have/are a PMI, and linking families into the FaPMI organisation.

Staff involved in the CHAMPS MAT program identified five benefits for the children who attend the program: (1) the children can use techniques to control their behaviour; (2) the children have social interaction with other children and parents/guardians; (3) the program normalises having a PMI; (4) the children can move on to other programs; and (5) the children have improved self-confidence and inner-strength. Staff participants also identified three benefits for the parents/guardians: (1) parents/guardians can use techniques at home (for themselves or as a parenting tool); (2) parents/guardians are able to watch and engage with their children; and (3) parents/guardians can get linked into other services. Staff responses were generally very similar to child and parent/guardian participant responses in that all participant groups identified similar benefits. Staff participants were the only participants to identify the benefit that 'the children can move on to other programs.' Parent/Guardian and child participants were the only participants to identify the benefits that the child: (1) enjoyed coming to the program and having it as part of their weekly routine; (2) got to have role models; (3) learnt games/activities they can do in different places; and (4) improved their school performances. These differences may be due to the staff participants' professional background and/or because certain benefits are more apparent in environments where staff are unable to observe children (e.g. at home or school).

Parent/Guardian and child participants identified two features of the CHAMPS MAT program as being effective in meeting their needs and producing their occupational and other benefits. These were: the instructor's interaction style, and the way the instructors structured the program to be fun yet disciplined, interactive, physical and provided opportunities to "watch", "hear" and "practice". Furthermore, the effectiveness of the program might be explained by its occupational nature, as the features deemed effective by participants were only present because the children and families were actually engaging in the CHAMPS MAT program (an occupation).

Because the CHAMPS MAT program is effective in meeting the needs of participants and the aims of the program, the program can be considered valuable for families where a parent has a mental illness. It can also be considered suitable for provision through the FaPMI Organisation as it aligns with their aims and service development objectives, and because it recognises the needs of families with a PMI while providing them with individualised support and access to services. Therefore, the CHAMPS MAT program can be considered an effective and suitable program for families who have a PMI, as well as a child aged 7 to 12 who demonstrates at least one behavioural issue that impacts their engagement in activities and occupations.

5.2 Recommendations

On the basis of the results of this study it is recommended that a greater number of CHAMPS MAT programs are provided to allow more access for other families where a parent has a mental illness. The length/duration of each CHAMPS MAT program should also be extended beyond 8-weeks so as to allow children to better consolidate the skills/techniques.

Minor changes to the program and its administrative procedures are also recommended o improve the way the CHAMPS MAT program meets the participants' needs. These comprise:

1. Ensuring that all components of the children's needs are discussed or taught through activities/games in the CHAMPS MAT program. This could be achieved by having more detailed and wide-ranging discussions of the child's needs with the family before the program begins so that appropriate session plans can be developed. CHAMPS MAT staff could also encourage parents/guardians to discuss

some topics with their child at home and provide resources to assist them e.g. understanding of mental illness.

2. Changing the structure of the program to better assist children and parents/guardians to engage in it, such as by occupying distracting siblings in a separate play-room. Having the program at more locations or at a later time of day would also allow more families and working parents/guardians to attend programs.
3. Providing more structured opportunities for parents/guardians to interact with one another and receive peer-support e.g. by having an initial meet-and-greet session.
4. Providing parents/guardians with more information of services/program that are available to families where a parent has a mental illness, verbally or through information sheets.
5. Ensuring administrative processes (e.g. the initial phone call) are more comprehensive and provided systematically in the same way for every family. This will ensure CHAMPS MAT staff receive necessary information about the child's and parent's/guardian's needs, and that families receive correct explanations/expectations of the program and required services and information.
6. Ensuring follow-up procedures are conducted. This could help ensure that families are provided information about future FaPMI programs and external services and stay involved with the organisation, and that CHAMPS MAT staff receive more regular feedback about the program. Follow-up procedures could also include providing families with information about other martial arts and mental health/leisure programs or services in the local community.

In order to develop best-practice guidelines and ensure best care for this vulnerable population, future research in this area should include:

1. A study of future CHAMPS MAT programs offered by the service to further investigate the effectiveness and suitability of CHAMPS MAT programs for families.
2. A study of the effectiveness and suitability of the CHAMPS MAT program for girls.
3. A longitudinal study on the long-term impact and benefits of the CHAMPS MAT program.
4. A more in-depth study of the value of CHAMPS MAT programs for parents/guardians.

5. A more in-depth study of the occupational benefits and changes resulting from attending the CHAMPS MAT program.
6. Studies on the effectiveness of other forms of occupation-based programs for children and families with a PMI.

This research concludes that the CHAMPS MAT program is a suitable and effective occupation-based group program for families where a parent has a mental illness and COPMI who demonstrate at least one behavioural or psychosocial issue that impacts their engagement in occupations. The CHAMPS MAT program met the program needs of both the children and parents/guardians who attended. It also provided additional occupational and other benefits. Given its effectiveness and the paucity of similar services on offer, the CHAMPS MAT program is a valuable component of the FaPMI organisation's suite of programs and should be considered by other mental health and childrens services.

5.3 Study Strengths and Limitations

This study incorporated a number of strategies to enhance rigour and trustworthiness including: prolonged engagement, reflexivity, peer de-briefing, rich description, member checking, methodological-, data- and researcher-triangulation, peer de-briefing, and a detailed audit trail. The study included six of the seven children in the CHAMPS MAT program as child participants. These child participants had at least one of their parents/guardians participating in the research, resulting in having eight parent/guardian participants. All five staff involved in the program were participants as well. Thus, a range of opinions were included in the data.

A limitation of this study is that only male children participated in the research. This is expected as boys are more likely to have behavioural problems (Morand, 2004) and/or participate in martial arts programs (Australian Bureau of Statistics, 2012). However, the researcher observed that the benefits and features of the 2013 program that were reported as effective by participants, were also noted by female participants in the 2012 program. This suggests these benefits and effective features of the program are present in all programs and may be effective for both males and females. More research on the effects of the CHAMPs MAT program with girls is necessary to determine if the benefits and effectiveness of the program are similar for both boys and girls. The

introduction and evaluation of more CHAMPS MAT programs would allow this to occur. It would also allow for further study into the retention and transference of skills learnt in the program, the length of program required to establish and maintain skills, and the benefits the CHAMPS MAT program provides to parents/guardians.

APPENDIX A

Reference	Year + Place	Similarities 2 MAT	Methodology	Type of martial arts groups	Findings	Conclusions	Critique	Program type
1 Zivin, G., Hassan, N. R., DePaula, G. F., Monti, D. A., Harlan, C., Hossain, K. D., & Patterson, K. (2001). An effective approach to violence prevention: Traditional martial arts in middle school. *ADOLESCENCE, 36*(143), 443-459.	2001 USA	SIM: MA Diff: More classes School-linked Boys generally older than our boys quant	• Quantitative study • Replicated and extended the design of smaller studies • Boys between 12 and 14 • Homeroom teacher filled out the Sutter-Eyberg Inventory of Student Behaviour. • Piers-Harris Children's Self-Concept Scale • Intermediate Visual and Auditory Continuous Performance Test •	3 classes per week (45 minutes) for boys school-linked traditional martial arts course 60 boys in an urban middle school master of Koga Ha Kosho Shorei Ryu Kemp and his assistant	• T-tests showed significant differences on how happy the boys had become and how good they reported their schoolwork • T-tests show significant difference on auditory vigilance • T-tests show boys improved significantly on resists rules, impulsive and inappropriate social behaviour by teacher ratings • Effects lasted for several months after the course was completed	• Juveniles at high risk for violence and delinquency showed decreased violence and showed positive changes in psychological risk factors after being required to take a school-linked course in traditional martial arts • Significant differences between groups on self-reported happiness and schoolwork and one on measures of attention. Scores improved significantly in the areas of resistance to rules, impulsiveness and inappropriate social behaviour • Traditional martial arts provide exactly the experience that will engage young people who are at clear risk for delinquent acts or impulsive violence and even start them on positive life paths • Lower scores on hostility and aggression and/or higher scores on self-esteem and positive outlook for traditional martial arts or	Low power of t-tests Low representativeness of the participants Groups were matched on problem behaviours not ages or grades Teachers rated and may be biased	martial arts

						other sports. These positive characteristics increased with greater length of traditional martial arts training. • The three most effective things of the program: 1. Self-respect and respect for others, 2. Moving meditation is calming and retrained the boys' nervous system away from impulsive reactions and calming techniques 3. The instructor showed genuine interest in and concern for each student		
2 Nosanchuk, T. A., & MacNeil, M. L. C. (1989). Examination of the effects of traditional and modern martial arts training on aggressiveness. *Aggressive Behaviour, 15*, 153-159.	1989 Canada	SIM: DIFF: Quant Different age groups	• Quantitative study • 38 participants (those who had continued with martial arts training, and those who had quit martial arts training) • Questionnaires	Participants were selected from a number of different dojos with different styles and instructors	• Aggression scores for advanced traditional students significantly lower (P<.05) than those for the elementary cohort	• for traditionally trained students, aggressiveness will decline with belt level, whereas for students trained in a modem *dojo,* aggressiveness will increase	small number of participants for quantitative study participants were self-selected	martial arts
3 Lakes, K. D., & Hoyt, W. T. (2004). Promoting	2004 USA	SIM: Want to achieve self-regulatio	• quantitative evaluation of the Leadership Education Through Athletic Development	Children in the martial arts group showed greater self-regulation in response to a	After a 3-month intervention, results indicated that the martial arts group demonstrated greater improvements than the	The results of this study support the hypothesis that participating in school-based martial arts training would result in improved self-	participants were self-selected	martial arts

self-regulation through school-based martial arts training. *Aplied Developmental Psychology, 25*, 283-302. doi: 10.1016/j.appdev.2004.04.002		n DIFF: Longer period of time in classes Quantitative School-based More participants More children in each class	Curriculum; where a curriculum based on a Korean martial arts system is used in physical education classes • 207 participants • children aged from kindergarten to grade 5 • 2 groups: one participating in the martial arts curriculum and one participating in the normal school sports curriculum • 2-3 periods a week of the curriculum • martial arts classes had 14 to 16 students per class • Response to Challenge Scale used to measure self-regulation. • Strengths & Difficulties Questionnaire filled in • Wechsler Intelligence Scale for Children-Third Edition (WISC-III • The Coopersmith (1967) Self-esteem Inventory (SEI)	challenge than children in the comparison group for all three dimensions of self-regulation [Fs(1,174) = 11.18, 7.38, and 3.93, ps < .05 for cognitive, affective and physical self-regulation, respectively]. the effect sizes for boys were generally high, especially for cognitive and affective self-regulation, while effect sizes for girls were low to moderate at best.	comparison group in areas of cognitive self-regulation, affective self-regulation, prosocial behavior, classroom conduct, and performance on a mental math test. A significant Group □ Gender interaction was found for cognitive self-regulation and classroom conduct, with boys showing greater improvements than girls. the main effect for group was statistically significant only for the prosocial subscale [F(1,191) = 4.27, p < .05] with a relatively small effect size, indicating a greater improvement for the LEAD group relative to students in the comparison condition. In addition, the main effect on the conduct problems subscale approached significance [F(1,191) = 2.81, p < .10] with a small effect size,	regulatory skills. The results indicate that LEAD participants made greater gains, in comparison with participants in standard physical education classes, in all three areas of self-regulation, with the greatest relative gains occurring in cognitive and affective self-regulation. Significant gains were also observed for LEAD participants over the other children in prosocial behavior. The differences in reduction of conduct problems and in attention scores on the intellectually challenging (math) task posttest also suggested that the LEAD program might influence behaviors in these domains. Finally, although nonsignificant because of the smaller size of this subsample, our findings suggest the possibility of gains in self-esteem among the fourth and fifth grade LEAD participants that are similar in magnitude to those just reported.		
4 Twemlow, S.	2008 USA	SIM: MA	• evaluated the Gentle Warrior	traditional martial arts model, the	Boys reported more aggression than did girls in both the fall,	Results indicated that boys who participated in more	Program used education and	Martial arts +

W., Biggs, B. K., Nelson, T. D., Vernberg, E. M., Fonagy, P., & Twemlow, S. W. (2008). Effects of participation in a martial arts-based antibullying program in elementary schools. *Psychology in the Schools, 45*(10), 947-959. doi: 10.1002/pits.20344		Same age group around 7/8 – 10/11 Same type (MA + education) DIFF: Quantitative Focus on aggression only School-based longer trial	Program, a traditional martial arts–based intervention to reduce aggression in children, as it was implemented in three elementary schools. 3-year cluster-randomized controlled trial of school-based aggression/bullying prevention programs A total of 254 children (147 boys and 107 girls) in grades 3–5 (98 third graders, 78 fourth graders, 78 fifth graders • questionnaires were used • Bully-Victim Questionnaire • Victimization of Self	Gentle Warrior Program attempts to contribute to this shift in social climate by offering each student instruction in peace-promoting philosophy (nonaggressive attitudes, respect for self and others), self-protective techniques, and problem- solving skills related to common bully–victim-bystander scenarios.	F(1,252)=8.50, $p < .01$, and spring, $F(1,252) = 11.51$, $p < .01$. There was a significant effect of grade for helpful bystander behavior in the fall, $F(1,251) = 12.21$, $p < .001$, and spring, $F(1,251) = 14.07$, $p < .001$ Significant effects of ethnic group for aggression in the fall, $F(1,248) = 12.71$, $p < .001$, and spring, $F(1,248) = 7.94$, $p < .001$ were explained by a tendency for African-American students to report greater aggression compared to European-American and Hispanic students, as indicated by post hoc Sheffe´ tests ($p< .05$)1 Results indicated that the effect was significant for boys ($\beta = -.31$, $t = -5.34$, $p < .001$) but not for girls ($\beta = .14$, $t = .18$, not significant Gentle Warrior participation was significantly associated with a change in helpful bystander behavior, and, similar to the aggression model, this effect was moderated by gender. Results of post hoc analyses revealed that the effect was significant for boys ($\beta = .15$, $t = 2.28$, $p < .05$) but not for girls ($\beta = -.07$, $t = 0.97$, not significant) Gentle Warrior participation was significantly associated with changes in empathy ($\beta =$	Gentle Warrior sessions reported a lower frequency of aggression and greater frequency of helpful bystanding i.e., helpful behavior toward victims of bullying) over time, relative to boys with less frequent participation	martial arts	education

5 Palermo, M. T., Di Luigi, M., Dal Forno, G., Dominici, D., Vicomandi, A. S., Proietti, L., & Pasqualetti, P. (2006). Externalizing and Oppositional Behaviors and Karate-do: The Way of Crime Prevention : A Pilot Study. *International Journal of Offender Therapy and Comparative Criminology,*	2006 Italy	SIM: Similar age-group Similar small number of participants (still larger though) Same sort of conditions DIFF: Quant Longer time in MA class	• 16 participants from 8 to 10 years old (13 male, 3 female) • two groups: 8 in a Wa Do Ryu karte program and 8 with no martial arts intervention • Children has social cognitive disorders and disruptive behaviours • Test of Anxiety and Depression (Newcomer, Barenbaum & Bryant, 1996).	10 months in a large karate class	.16, t = 2.14, p < .05) b Finally, with regard to Criterion 4, the association of Gentle Warrior participation with change in helpful bystanding (controlling for the effects of grade and ethnicity) was reduced to a nonsignificant level (β=.15, p < .001 to β=.07, not significant	• Intensity, mood and adaptability - Statistically significant differences were noted in all three scales, with evidence of improvement in all scores in the karate intervention group, as opposed to the control participants.	a substantial reduction in problem behaviours when compared to controls receiving no intervention. These improvements were evident at home, in the dojo, and in school with improved self- regulation, a significant reduction in overactive behavior, and improved adaptive and organizational behaviours.		Martial Arts

50, 654-660.								
6 Morand, M. K. (2004). *The effects of mixed martial arts on behaviour of male children with Attention Deficit Hyperactivity Disorder.* (Doctor of Psychology Dissertation), Hofstra University, USA. Retrieved from http://www.virginiatkd.com/wp-content/uploads/running.pdf	2004 USA	SIM: Similar age group Boys only DIFF: Quant	• Quantitative • Boys aged 8-11 • 18 participants • 3 groups of 6 children (MA group, normal exercise group, no exercise group) • The purpose of this study is to address the efficacy of a martial arts intervention program on maladaptive and adaptive behaviours of children age 8 to 11 who have been diagnosed with attention deficit/hyperactivity disorder-combined type.	• Class 2 times per week	The effect size for percentage of homework completed weekly for the Martial Arts Intervention was –1.547. compared to Exercise Intervention –0.688. and control group 0.293 The effect size for frequency of following specific classroom rules for the Martial Arts Intervention was –8.937. The effect size for frequency of following specific classroom rules for the Exercise Intervention was –2.812. Additionally, the effect size for frequency of following specific classroom rules for the Control Group was –2.056. The effect size for inappropriately leaving the seat weekly for the Martial Arts Intervention was –7.241. The effect size for inappropriately leaving the seat weekly for the Exercise Intervention was –1.336. The effect size for inappropriately leaving the seat weekly for the Control Group was .3642. The effect size for increase of academic performance for the Martial Arts Intervention was –15.97. The effect size for increase of academic performance for the Exercise Intervention was –0.677. Additionally, the effect size for increase of academic	This suggests that the martial arts and exercise interventions were both effective in decreasing the number of inappropriate callouts weekly. The frequency of following specific classroom rules weekly increased for the martial arts intervention group as compared to the exercise intervention and control group. The children involved in the martial arts program greatly decreased lack of rule compliance. The number of times the participant's inappropriately left the seat in class weekly decreased for the martial arts intervention group as compared to the exercise intervention and control group Academic performance increased weekly for the martial arts intervention group as compared to the exercise intervention and control group The martial arts intervention program was not as effective as the exercise intervention program for decreasing the amount of redirection to task needed weekly		Martial arts

					performance for the Control Group was 0.216. The effect size for decrease in redirection to task for the Martial Arts Intervention was -.6809. The effect size for redirection to task for the Exercise Intervention was –3.338. Additionally, the effect size for decrease in redirection to task for the Control Group was -.3312.	martial arts intervention program was more effective than the exercise intervention program for increasing classroom preparation weekly.		
7 Haydicky, J. A. (2010). *Mindfulness training for adolescents with learning disabilities.* (Master of Arts), University of Toronto, Canada. Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/24228/6/Haydicky_Jillian_A_201003_MA_thesis.pdf	2010 Canada	SIM: All boys only one session a week DIFF: Older boys Larger sample Not all children in CHAMPS MAT have learning disabilities	quantitative 65 boys (aged 12-18 participated) 2 groups: MMA or waitlist control group pre- and post-standardized questionnaires	Mindfulness Martial Arts (MMA) is a manualized group treatment program incorporating elements of mindfulness meditation, cognitive behavioural therapy, and mixed martial arts Weekly 1.5 hour sessions Based on Bushido: way of the warrior 4 month program	A significant time effect was found on the following YSR subscales: internalizing problems, externalizing problems, total problems, social problems, DSM affective problems, DSM anxiety problems, DSM somatic problems, DSM ADHD problems, and DSM oppositional defiant problems. A significant time effect was revealed for the following subscales of the YSR: total problems, social problems, and DSM oppositional defiant problems. A significant Group x Time interaction effect was observed for externalizing problems $F(1,23) = 4.57$, $p < .05$, partial $\eta 2 = .17$, and conduct problems $F(1,23) =$	Compared to the WL group, MMA participants with co-occurring ADHD improved on parent-rated externalizing behaviour, oppositional defiant problems, and conduct problems. Boys with elevated hyperactive/impulsive symptomatology improved on parent-rated social problems and monitoring skills. Boys with elevated anxiety reported decreased anxiety. MMA shows promise as an alternative treatment option for youth with LD and co-occurring difficulties.	When the total sample was analysed, significant time effects were found for all measures, but there appeared to be no improvements attributable to the MMA program itself. Among this subgroup, those who completed the MMA program exhibited significant improvements in parent-rated externalizing behaviour, oppositional defiant problems, and	Martial arts + education

					5.11, p < .05 Significant time effects were found for the behavioural regulation index and metacognition index, as well as the emotional control, plan/organize, and monitor subscales.		conduct problems, compared to boys on the waitlist. Further analyses revealed distinct effects for adolescents with primarily hyperactive/impulsive symptoms compared to those with primarily inattentive symptoms.	
8 Strayhorn, J. M., & Strayhorn, J. C. (2009). Martial arts as a mental health intervention for children? Evidence from the ECLS-K. doi: 10.1186/1753-2000-3-32	1998-2009 USA	SIM: Age group Used interviews with parents DIFF: Longitudinal Larger sample	Longitudinal study multistage probability sampling design to gather a sample representative of U.S. children Rating scale of classroom behaviours + parent interview	Kindergarten, 3rd grade and 5th grade students 1445 participant children A variety of different martial art dojos	the f2 effect size for martial arts was 0.000 for both analyses. The 95% confidence intervals for regression coefficients for martial arts variables have upper and lower bounds that are all close to zero. The analyses not only fail to reject the null hypothesis, but also render unlikely a population effect size that differs greatly from zero.	The martial arts variable failed to show a statistically significant effect on behavior, in either of the regression analyses; in fact, the f2 effect size for martial arts was 0.000 for both analyses.	High drop-out rates of attending martial arts classes. Many different types of martial arts and different instructors etc.	Martial arts
9 Conant, K. D., Morgan, A. K., Muzykewicz,	2008 USA	SIM: Similar sample size	Mixed (predominantly quant) Eleven children (8–	10-week karate program for children and adolescents with	Children's self-report δN 1⁄4 8Þ of their perception of intellectual and school status improved and approached	By parental report, significant improvement in memory function and largely positive trends in quality of life on		Martial arts

D., Clark, D. C., & Thiele, E. A. (2008). A karate program for improving self-concept and quality of life in childhood epilepsy: Results of a pilot study. *Epilepsy & Behaviour, 12*(61-65). doi: 10.1016/j.yebeh.2007.08.011		Pilot study 10 week DIFF: Children had epilepsy	16 years old) and their parents participated in this questionnaire study, and complete data were available for nine of these families. the Piers–Harris Children's Self-Concept Scale, the Quality of Life in Childhood Epilepsy (QOLCE) questionnaire, and the Parental Stress Index.	epilepsy aimed at increasing social confidence, self-concept, and quality of life, as well as reducing parental anxiety	significance (Wilcoxon's signed ranks, P 1⁄4 0:07) Additional categories for which improved scores on the PH-1 were observed include anxiety, behavior, physical appearance and attributes, and total score, though none were significant Parental report of their child's health-related quality of life ðN 1⁄4 9Þ was significant for perception of enhanced memory (Wilcoxon's signed ranks; P 1⁄4 0:01)	multiple subscales were observed. By child report, intellectual self-esteem and social confidence also improved. Parental stress decreased, although not significantly, suggesting a potential benefit and indicating a role for future interventions targeting family anxiety.		
10 Baron, L. J., & Faubert, C. (2005). The role of Tai Chi Chuan in reducing state anxiety and enhancing mood of children with special needs. *Journal of Bodywork and*	2005 Canada	SIM: DIFF: Learning difficulties Single-case design More sessions	Single-case research design 3 participants (2 boys 1 girl) Participants with severe learning difficulties	Twice-weekly Tai Chi Chuan	Mean scores for state anxiety: +2.15% in treatment phase, and -12.7% after intervention/ -10.85% in treatment phase and -18.24% after intervention/ +57.69% from baseline to treatment phase Mean scores for mood: change of -14(18%) between first and last trial/ change of +27% between first and last trial/ ranging at different points from -15% to +9%	With the exception of P2, this research does not yield the strong support of other research which affirmed the potential of using relaxation training with learning disabled and hyperactive children		Martial arts

Movement Therapies, 9, 120-133. doi: 10.1016/j.jbmt.2004.03.004					Score on Hyperactivity Index: moderately high to average (almost 2 standard deviations)/ very much above average to slightly above average (3 standard deviations)/ slightly above average to slightly below average (2 standard deviations)			
11 Porter, S. S., & Omizo, M. M. (2006). The effects of group relaxation training/large muscle exercise, and parental involvement on attention to task, impulsivity, and locus of control among hyperactive boys. *The Exceptional Child, 31*(1), 54-64. doi: 10.1080/01566558403101017	1984 Houston	SIM: Boys are within our age group All boys DIFF: Relaxation component of martial arts only They had less training	38 participants who were hyperactive boys (1st and 2nd grade) two groups: a group relaxation training and a control group Subjects were identified by their teachers by means of the Teacher Rating Scale, Abbreviated Form (Conners, 1973) Nowicki-Strickland Scale (Nowicki & Strickland, 1973) was used to measure locus of control. The Matching Familiar Figures Test of Reflection-Impulsivity (Kagan, 1965)	Three once-weekly group sessions Relaxation training was implemented through instruction in deep breathing and tensing/releasing various muscle groups Parental involvement was included in the intervention for subjects in one of the experimental treatment groups.	MANOVA results for post-treatment measures indicated a significant difference between experimental (T. and T2) and control groups relative to the mean vectors of the three dependent variables of attention to task, impulsivity and locus of control ($F3,29 = 80.75$, $p < .001$).	This program decreased impulsivity, increased attention to task, and evidenced a more internalized locus of control.		Martial arts including relaxation

12 McDiarmid, A. K. (2007). *The impact of traditional Taekwondo on self-control for middle school students.* (Doctor of Philosophy Dissertation), University of Denver, USA	2007 USA	SIM: Mixed methods Similar ages Similar running time DIFF: They did a mainten ance phase	Participants are 10 boys aged 11-13 who have difficulties with self-control 10 week program a mixed methods multiple-baseline across subjects design data collection methods included behavioural observation, teacher report of disciplinary action, teacher rated behaviour, a standardized teacher rating scale, a standardized student rating scale, and a weekly student-self-control questionnaire.	A 10 week taekwondo program, with sessions being run twice a week after school	A comparison of questionnaire averages indicated that treatment did not lead to significant changes in student reported self-control behaviour A paired t-test indicated no significant differences across baseline and treatment phases for self-rated elf-control behaviours A significant different in the number of teacher reported disciplinary actions between the groups ($t = 3.061$, $P<.05$) A paired t-test indicated significant mean differences in teacher ratings between baseline and treatment, $t = -5.327$, $P<.05$ Visual analysis of behaviour indicated that that participants' self-control increased during weekly taekwondo classes. However a t-test revealed no significant different, $t=2.917$, $p>.05$ No significant differences on the Social Skills Composite or on the Problem Behaviour Composite ($T + -1.4666$, $p> .05$), ($t= 1.055$, $P>.05$) respectively No significant changes on reported average percentage of self-reported self-control from end of treatment to maintenance. Weekly averages of disciplinary action dropped from 1,4 at baseline to 0.32 at the maintenance phase. Teacher reported average classroom	Treatment positively impacted teacher's ratings of participant's classroom behaviour and decreased the number of reported disciplinary actions. Treatment did not lead to significant changes in teacher reported social skills or problem behaviours. There was little change in overall student self-reported self-control from end of treatment to maintenance. The average number of weekly teacher-reported disciplinary actions decreased from baseline to end of treatment to maintenance phase. The positive affects of the treatment were maintained over time. There was change in overall student self-reported self-control from the end of treatment to maintenance.	All Hispanic students All boys Convenience samples	Martial arts

					behaviour scores of 2.7 at baseline, 3.8 at end of treatment and 4.1 for maintenance phases. No significant changes from treatment phase to maintenance phase for teacher-rated social skills composite, teacher-rated problem behaviours composite, and student social skills composite. When asked what they learnt from studying taekwondo they replied: courtesy, integrity, perseverance, self-control and indomitable spirit, respecting other, controlling their temper and controlling themselves. When asked how taekwondo benefitted them they replied: feelings of integrity, reduced anger, the ability to calm down in school, and to better control one's behaviour. At maintenance they mentioned self-confidence as a predominant benefit. Teachers reporting seeing students being more social with peers, able to calm self more easily, ability to stay focused, maintain self-control, be more respectful and more agreeable.			
13 Felmet, M. B. (1998). *The effects of karate training on the levels of*	1998 USA	SIM: Boys Age Attention & impulsivity	Quantitative post-test-only control group design, based on matched pairs 34 male children participants between the ages of 7 and 12,	8 week karate program	Results of the t-test regarding the mean difference on the GDS delay task showed no significant differences. Results of the t-test regarding the mean difference on the GDS	Results indicated that martial arts may lead to improved sustained attention for the karate group but is inconclusive. The group that had received karate training for 8 weeks		Martial arts

attention and impulsivity of children with attention deficit/hyperactivity disorder. (Doctor of Philosophy), University of Toledo, USA.		Same program time DIFF: Larger sample	who have a diagnosis of ADHD. 2 groups: one had 8-week karate group + the other was on a waiting list for karate lessons. Measures used were the Gordon Diagnostic System (GDS) & the Attention Deficit Disorders Evaluation Scale (second edition) (ADDES)administered at the end of the programs.		vigilance task showed significant differences between the groups. ($p<.05$). No significant difference in the number of correct responses for the GDS distractibility class ($p<.05$). There was a significant difference in the number of omission errors on the GDS Vigilance task. There is no significant difference in the in the number of commission errors on the GDS vigilance task. There is no significant difference with the efficacy ratios on the GDS delay task. There is no significant difference on the ADDES inattentiveness scores. Results of the t test show no significant difference on the ADDES hyperactive-impulsive scores. No significant difference between total scores on the ADDES between the two groups.	made significantly more correct responses on the GDS vigilance task than the group without the karate training. The karate group also made significantly fewer omission errors on the GDS vigilance task than the group without the karate training. It appears that a higher average for errors of commission is supporting evidence that karate training influenced the levels of attention/concentration for the karate group. Levels of impulsivity/hyperactivity do not differ for children who have had karate training and those who have not had karate training.		
14 Anderson, C. M. (1999). *The effects of martial arts training with*	1999 USA	SIM: Martial arts out of school Age	Two-month pre-post longitudinal design Boys age 8 to 13 (122 participants). 3 groups: karate, sports (basketball or	Different types of karate styles that primarily focus on holds, joints locks and throws were included (e.g.	MANOVA was used. Results indicated that there were no significant efforts over the two month time period on any of the dependent variables of any	The results do not show any changes on the children's self-esteem, aggression or social competency scores following a brief exposure to martial arts training. This is not consistent	The children were already in the groups e.g. either did karate or baseball	Martial arts

latency age children. (Doctor of Philosophy Dissertation), University of South Carolina,		DIFF: Larger sample	baseball, and control. Measured self-esteem, aggression and social competency.	aikido and judo) in urban and suburban areas of New England.	of the three groups. There were however, differences between these naturally occurring groups at the pre-test rating. The sports and control groups demonstrated higher self-esteem and social competency scores than the karate group	with previous research. Findings suggest that children with certain characteristics such as higher aggressive tendencies choose karate rather than other sports or activities. Children in the karate class also showed low social-competency scores than other groups.		
15. Galgana, A. M. (2010). *The effect of style and length of martial arts training on parent perception of adolescent aggression and self-regulation.* (Doctor of Psychology Dissertation), St. John's University	2010 USA	SIM: Looking at parent perceived effect Mixed methods DIFF:	Mixed methods 104 adolescents 2 groups: traditional martial arts and modern martial arts measures included the aggression, conduct problems, attention problems and hyperactivity subscales of the Behaviour Assessment System for Children (2nd edition): Parent Rating Scale, Adolescent version.	Traditional and modern martial arts were used	Significant regression results for length of training predicting aggression scores ($p = .05$). No significant regression results for length of training predicting conduct problem or attention problems scores. There was a moderate significance for length of training predicting hyperactivity scores. A greater mean score on the aggression scale was observed for participants in modern training, which was of moderate significance ($p = .062$). Participants in modern training had larger mean scores on conduct problems, attention problems and hyperactivity.	Length of martial art training significantly impacted parents reporting of aggression. And moderately significant for reporting hyperactivity and self-regulation. Martial art style was not observed to have a significant impact on parental perceptions of aggression or self-regulation. Findings suggest that martial art training style does not have a significant impact on parental perception of adolescent behaviour in the home. Training at either a traditional or modern school was considered to be equally effective in predicting parent's response on measures of aggression and self-regulation. However, greater mean scores were consistently observed for modern schools, showing that parents of children in modern	?? maybe more overall aggression in modern because they are drawn to it? Some issues on the difference between modern and traditional	Martial arts

						tend to rate their child more aggressive overall than others.		
16 Glanz, J. (1994). *A school/curricular intervention martial arts program for at-risk students.* Paper presented at the Safe Schools Coalition, 2nd National Conference, Orlando, Florida.	1994 USA	SIM: Within our age range Self-control and discipline Number of child Qualitative DIFF: School-based	Qualitative 4th and 5th graders. 3-year study. 7 student participants. Measured by teacher reported interim behavioural reports + behavioural monitoring.	A structured martial arts class designed to develop self-control and discipline. It is part of the curriculum. The aim of the martial arts is to develop self-control and discipline. Classes had between 20 and 30 students. 2 days a week for 3 years. Children also received reading lessons centred around martial arts topics.	Teachers reported student participants demonstrated greater attention to lessons in general as well as much improved behaviour.	The martial arts program lead to fewer teacher-reported incidences of aggressive behaviours as well as more attentiveness in class.	Doesn't have a strong methodology.	Martial arts + education.
17 Cooper, E. K. (2005). *The effects of martial arts on inattention, impulsivity, hyperactivity and aggression in children with attention-*	USA 2005	SIM: Similar number of children ages DIFF: Not all children have ADHD	Quantitative single-subject multiple-baseline design. 6 children diagnosed with ADHD aged 6 -11. (5 boys, 1 girl) Data was collected from parents, independent observers, and school teachers. Instruments	Tae Kwon Do for 12 weeks	Four of the six participants had a mean decrease in inattention of six to eight points. Two of the participants had an increase of inattention scores of up to one point. Each of the six participants had a mean decrease in impulsivity of up to seven points.	Overall, the data suggested that participation in the martial arts might be used as an effective treatment component in a comprehensive treatment program. However, the effectiveness of the martial arts depends upon the individual. Of the six children, four showed significant decreases in a variety of the symptoms of inattention, impulsivity, and	Small sample (not representative) so not statistical analysis.	Martial arts

deficit/hyperactivity disorder: a single-subject multiple-baseline design across participants. (Doctor of Philosophy Dissertation), Capella University, USA.			included: Connors' Rating Scale and the Peer Conflict Scale (parent versions, & teacher version were completed by observers and teachers).			hyperactivity. One participant showed no change at all in these symptoms, and one participant had increases in these symptoms. Only one of the six participants showed any undesired change in aggression. All but one of the six participants had a mean decrease in hyperactivity of up to five points. All but one of the six participants had a mean decrease in aggression of up to eight points		
18 Delva-Tauiliili, J. (1995). Does brief aikido training reduce aggression of youth? *Perceptual and Motor Skills, 80*, 297-298.	1995	SIM: Age of boys After school DIFF: Quant Shorter time than MAT but more intense.	Quantitative 42 male participants between 9 and 12 Pre- and post-test measures included the Teacher's Self-control Rating Scale and on aggressive behaviour observation.	Aikido training over 2 and a half weeks Provided after school Intensive 45 minute training every day.	At pre-test, mean scores were for the treated and comparison groups, respectively, aggressive behaviour 5.2 *(SD= 7.2)* and *5.1 (SD= 6.3);* self-control 80.1 (SD=27) did 92.0 (SD=25.1). At post-test, the scores were on aggressive behaviour 4.6 (SD=5.9) and 5.8 (SD=6.5); self-control 84.6 (SD= 28.6) and 91.5 ***(SD=21.3).*** No significant differences were found.	2'12 weeks, 21 youth trained *in* beginning principles of Aikido were not rated lower on the Teachers' Self-control Rating Scale and on aggressive behaviour than 21 students on a waiting list for a class. No significant results though.	The several methodological limitations suggested conclusions on the effects of brief Aikido training on youths' aggressive behaviours are premature mainly Asian and pacific islanders	Martial arts

APPENDIX B

Session outlines for the 2013 Semester 1 CHAMPS MAT program

Session	No. children who attended the program	No. parents/ guardians who attended	No. siblings in the room during the session	No. support workers who attended	Activities done in the session	Role of researcher
1 05/02/13	6	5	3	1	Introduction, discussion re: CHAMPS MAT program and the code, warm-up exercises, virtual forest game, finger zap game, samurai patrol game*, the rock game**, number game, end bow	Observed, took field notes and participated in session
2 12/02/13	6	3	3	1	Warm-up exercises, virtual forest game, the rock game**, awareness game, deep breathing techniques, practicing martial arts techniques (palm strikes***), number game, ball game, end bow	Observed, took field notes and participated in session
3 19/02/13	7	4	3	1	Warm-up exercises, virtual forest game, physical exercises (sit-ups, push-ups, jogging), practicing martial arts techniques (kicks****), finger zap game, end bow	Observed, took field notes and participated in session
4 26/02/13	7	5	3	1	Warm-up exercises, discussion re: using techniques to control behaviour and emotions, the rock game**, samurai patrol game*, practicing martial arts techniques (palm strikes*** and kicks****), discussion re: the CHAMPS MAT code, end bow	Observed, took field notes and participated in session

5 05/03/13	6	3	2	1	Warm-up exercises, samurai patrol game*, practicing martial arts techniques (palm strikes***), discussion re: relaxation and focus, practicing martial arts techniques (kicks****), number game, deep breathing techniques, end bow	Observed and took field notes in session
6 12/03/13	7	5	1	1	Warm-up exercises, balancing practice, finger zap game, discussion re: appropriate behaviours, the rock game**, discussion re: perseverance and the power of suggestions, body awareness activity, deep breathing techniques, end bow	Observed and took field notes in session
7 19/03/13	6	7	4	1	Warm-up exercises, virtual forest, practicing deep breathing techniques, dances with snake game, practicing focusing techniques, number game, the rock game**, deep breathing techniques, end bow	Helped to facilitate the session, took field notes and gave out research and explanatory statements
8 26/03/13	7	7	2	1	Warm-up exercises, the rock game**, discussion re: paying attention and focusing, practicing martial arts techniques (palm strikes*** and breaking boards*****), end bow	Gave out participant consent forms, and conducted interviews FaPMI worker took field notes

***Samurai patrol game:** This game teachers children how to play with and rely on other children, to practice responding to change and make decisions under pressure, and provides practice for children moving from one emotional state to another i.e. excited to calm.
****The rock game:** This game aims to develop coping skills, focus, and the awareness that the children can choose not to respond/react to stimuli.
*****Palm strikes (palm parries and traditional palm blocks):** This activity teaches children respect, responsibility for self, concentration, co-ordination, and to be assertive rather than aggressive.
******kicks (spinning side kicks):** This activity teaches children to break down goals into smaller tasks, focus, and co-ordination.
*******Breaking boards (tile breaks):** This activity teaches children to focus/concentrate, to break through self-limiting beliefs and provides them with a sense of accomplishment .

APPENDIX C

easternhealth
GREAT HEALTH AND WELLBEING

5 Arnold Street, Box Hill
Victoria 3128 Australia
PO Box 94, Box Hill 3128
Tel (03) 9895 3281
Fax (03) 9895 4896
info@easternhealth.org.au
ABN 68 223 819 017

www.easternhealth.org.au

Human Research Ethics Committee - Scientific and Ethical Review

Ethical Approval – Granted

Commencement of Research at Eastern Health
has been authorised

15 March 2013

Dr Primrose Lentin
Department of Occupational Therapy
Faculty of Medicine
Nursing and Health Sciences
PO Box 527
Frankston, Vic 3199

Eastern Health Research and Ethics Committee
Ph: 03 9895 3398
Fax: 03 9094 9610
Email:
ethics@easternhealth.org.au
Website:
www.easternhealth.org.au/ethics

Dear Dr Lentin

E29/1213 The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as therapy (CHAMPS MAT) program for children aged 7 to 12.

Principal Investigator: Dr Primrose Lentin

Associate Investigator: Mrs Rebecca Allchin

Other Approved Personnel: Student Miss Kathryn Legg

Eastern Health Site: Families and Parents with a Mental Illness Clinic at Murnong

The above study was considered by the Eastern Health Research and Ethics Committee at its meeting on 21 February 2013.

Approval Period: On-going - subject to a satisfactory progress report being submitted annually.

The above study was considered by the Eastern Health Research and Ethics Committee at its meeting on 21 February 2013. Following receipt of amended documents and additional information (received on 13 March 2013) which were reviewed by the chair, **final approval** can now be given for the study to proceed.

List of documents approved:

- Module 1 revised sections 1.3, 1.14(b).
- Participant/Child Information and Consent Form version dated 4 March 2013
- Participant Information and Consent Form- Parent/Guardian consenting on behalf of participant version dated 4 March 2013
- Participant Information and Consent Form- Parent/Guardian - Adult providing own consent participant version dated 1 March 2013

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- Child Semi-Structured Interview Schedule version 3 dated 13 March 2013
- Parent/Guardian Semi-Structured Interview Schedule version 3 dated 13 March 2013
- Staff Semi-Structured Interview Schedule version 3 dated 13 March 2013
- Strengths and Difficulties Questionnaire version 1 dated 13 March 2013 (Appendix A)
- Introductory letter to parents by FaPMI version dated 13 March 2013 (Appendix G)
- Champs After-School Program Evaluation version 1 dated 13 March 2013
- Champs After-School Program Evaluation for parents and guardians version 1 dated 13 March 2013

Additionally the following documents have been submitted:

- CV's Primrose Lentin, Kathryn Legg, Rebecca Allchin

Reporting Requirements:

Please note, **an annual progress report is due March 2014**– continuing approval is subject to the timely submission of a satisfactory progress report. Progress report template can be downloaded from our web-page: http://www.easternhealth.org.au/research/ethics/progressreports.aspx

Please ensure you notify the Ethics Committee of all personnel changes and any serious adverse events that may affect study conduct. Any changes to the approved Protocol or other approved documents must be submitted for ethical review and approval prior to use.

Eastern Health Research and Ethics Committee

The Eastern Health Research and Ethics Committee is constituted and functions in accordance with the National Health and Medical Research Council Guidelines (National Statement on Ethical Conduct in Human Research 2007). No member of the Committee adjudicates on research in which that member has any conflict of interest including any personal involvement or participation in the research, any financial interest in the outcome or any involvement in competing research.

Please refer to the National Statement on Ethical Conduct in Human Research (2007) http://www.nhmrc.gov.au/publications/synopses/e35syn.htm and Module 1.38 / for researchers' obligations. **Continuing approval is subject to the adherence of these guidelines and the fulfilment of researchers' obligations.**

Please quote our reference number ***E29/1213*** in all future correspondence.

Yours sincerely

Prof David Taylor
Director
On behalf of the Eastern Health Human Research and Ethics Committee

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Encl: Committee Composition letter

Cc:
- [All above listed personnel]

Confidentiality, Privacy & Research

Research data stored on personal computers, USBs and other portable electronic devices must not be identifiable. No patients' names or UR numbers must be stored on these devices.

Electronic storage devices must be password protected or encrypted.

The conduct of research must be compliant with the conditions of ethics approval and Eastern Health policies.

Publications
Whilst the Eastern Health Research and Ethics Committee is an independent committee, the committee and Eastern Health management encourage the publication of the results of research in a discipline appropriate manner. Publications should provide evidence of the contribution that participants, researchers and funding sources make.

It is very important that the role of Eastern Health is acknowledged in publications.

APPENDIX D

MONASH University

Monash University Human Research Ethics Committee (MUHREC)
Research Office

Human Ethics Certificate of Approval

Date:	**15 March 2013**
Project Number:	**CF13/791 - 2013000370**
Project Title:	**The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12**
Chief Investigator:	**Dr Primrose Lentin**
Approved:	**From: 15 March 2013** **To: 15 March 2018**

Terms of approval

1. Approval is only valid whilst you hold a position at Monash University and approval at the primary HREC is current.
2. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
3. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
4. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.

Professor Ben Canny
Chair, MUHREC

cc: Mrs Rebecca Allchin, Miss Kathryn Legg

Postal – Monash University, Vic 3800, Australia
Building 3E, Room 111, Clayton Campus, Wellington Road, Clayton
Telephone +61 3 9905 5490 Facsimile +61 3 9905 3831
Email muhrec@monash.edu http://www.monash.edu.au/researchoffice/human/
ABN 12 377 614 012 CRICOS Provider #00008C

APPENDIX E

Child Participant Information/Consent Form

Blackburn Connections

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

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Part 1. What does my participation involve?

1. Introduction

You are invited to participate in this research project which is called *The Suitability and Effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) Program for Children Aged 7 to 12*. You have been invited to take part as you are in the CHAMPS MAT program and we want to find out about your experience of the program. We are also asking all the other children if they want to be involved.

This Explanatory Statement tells you about the research. It explains what will happen if you join in the study and will help you decide if you want to participate.

This Explanatory Statement will be read to you. Please ask questions about anything you don't understand or want to know more about. You can keep this sheet.

If you don't want to participate, you don't have to.

If you decide that you do want to participate, you will be asked to sign the consent form. If you sign it you will be telling us that you:

- Understand what you have heard
- Agree to participate in the research project
- Agree to take part in the research I am about to explain
- Agree to the use of your information in the research I am about to explain

2. What is the purpose of this research?

The aim of the research is to find out if the CHAMPS MAT program is useful for you by asking you about:

(a) your thoughts and experiences of the program
(b) if the program helps you make friends with other children in the group, and
(c) if the support provided to your family or guardian by staff is helpful.

By participating in this research you would be helping to plan future programs.

The results of this research will be used by the student researcher Kathryn Legg (me) to get a Bachelor of Occupational Therapy (with Honours) degree.

This research is being run by the principal researcher Primrose Lentin and the student researcher from the Department of Occupational Therapy Monash University; and the associate researcher Rebecca Allchin and staff from the FaPMI team of Eastern Health Adult Mental Health Program.

3. What does participation in this research involve?

If you want to take part in this research you will need to have heard and understood everything I (the student researcher) am telling you, and you will need to sign the consent form.

If you choose to participate in this research you will be agreeing to:

- Allow the researchers to read and use the answers you give on the CHAMPS MAT evaluation questionnaire.
- Talk to the student researcher about your thoughts, feelings and experience in the CHAMPS MAT program, and the answers you gave on the CHAMPS MAT evaluation questionnaire. This talk should take between 10 and 20 minutes. You can talk with the student researcher at the Blackburn Connections building where the program is run or at a different building in East Ringwood. Your parents or guardian will help to decide where you will go. At the end I will repeat what you said, and you can tell me if there is anything missing or if something I said is wrong.

If you say it is okay, the student researcher will tape record the talk so that we have a record of what you said. If you or your parent/guardian doesn't want your information to be recorded the student researcher will write notes of what you say.

The talk, and any contact after it, will happen between 01/03/2013 and the 31/07/2013. This research has been approved by the Eastern Health Human Research and Ethics Committee and the Monash University Human Research and Ethics Committee.

You don't have to pay anything to be in this study, and you won't be given any money for being in it.

4. Other relevant information about the research project

There should be between 12 and 21 people participating in this study. This will include children like you (4-8), parents and guardians (4-8), FaPMI staff (2), Connections staff (1) and the MAT instructors and assistant (1-2).

5. Do I have to take part in this research project?

You can choose if you do or do not want to participate in this study. If you don't want to, you don't have to. If you say you will participate and later change your mind, you can leave the research whenever you want. But, information collected up to the time you leave will still be used in the research. Your answers will be kept private; no one will know who you are or which answers are yours.

If you want to participate, you will be given a copy of this information and consent form to sign and keep. Your choice to participate or not participate, or your choice to participate and then leave the study, will not change how you are treated in the CHAMPS MAT program, or by the FaPMI team.

6. What are the possible benefits of taking part?

We cannot promise that you will get any direct benefits from this research. However, taking part means that you can tell us about your experience of the CHAMPS MAT program which is important to help plan how future CHAMPS MAT programs are run.

7. What are the possible risks of taking part?

Difficulty: It might be a little difficult to go and talk to the student researcher (as you may need to go by car and it might take some time), so the student researcher will try and find a time and place that would be best for you.

Discomfort: During the interviews, you may feel a little upset or embarrassed, or may not want to talk about some things. The student researcher will always be nice and try to understand how you are feeling. The student researcher will also keep all your information private, it may be seen by your parents in some circumstances, otherwise no one will know who you are or which answers are yours.

If during the talk, you are feeling very upset or embarrassed, and you want to stop talking to the student researcher, you can ask to stop and she will. You will not get in any trouble if you do this. There will be other people you can talk to afterwards if you need to. If you decide to stop the talk you will get a phone call a few days later from the FaPMI program support worker to make sure you are okay, and check if you need anything.

If you are still feeling very upset after the talk you can call**:** the **Eastern Health Mental Health Triage & Emergency Department Response Team** on **1300 721 927,** or the **Kids Helpline** on **1800 55 1800.**

8. Child Safety Procedure

The researchers have a duty of care to you, which means that they have to tell someone if you tell them that you have been hurt or abused, or if they think that you have. If while you are talking to the student researcher, you tell that you have been hurt or abused, or I think you are hurt or abused the student researcher may stop the interview. She will then talk to you and your parents/guardians at the end about it and might call someone on the phone to help decide what to do next.

You will not get in trouble for telling the student researcher if you have been hurt or abused, and the FaPMI team will still support you and your family.

9. What if I withdraw from this research project?

If you do agree to be involved, you may stop (withdraw) at any time. If you decide to stop participating in the research study, please tell someone on the research team before you leave. If you do stop participating, you will be asked to fill in and sign a special form.

If you decide to stop participating in the research, the researchers will not ask for any more information from you, although information already collected (from the questionnaire and talk) will be kept to make sure that the results of the research project are correct. You should know that information given up to the time you leave will be used in the research results. If you do not want your information to be used in the research results, you must tell the researchers when you leave.

10. What happens when the research project ends?

Information collected for this research will not have your name on it and will be kept in a locked cupboard for 5 years. After 5 years the information will be destroyed. No one will know your name or which information is yours. The study may be published in a special book that other researchers might read, or might be explained to other people in a presentation. Again, no one will know your name or which information is yours. If you would like to know what the results of the research are, please email Kathryn Legg (student researcher) at ksleg1@student.monash.edu.

Part 2. How is the research project being conducted?

11. What will happen to information about me?

By signing the consent form you are agreeing to let the researchers get and use personal information, such as the answers on your CHAMPS MAT Evaluation Questionnaire and the answers you give in your talk with the student researcher, for this research. A different name or number (pseudonym or code) will be written on any information you give for this research and no-one will know which information is yours.

Your information will only be used for this research project and it will only be used with your permission, except as required by the law. It is expected that the results of this research will be written and/or presented in different ways, to different people. These people will not know who you are or which information is yours.

You can ask to look at the information you have given the researchers. You can also ask to have any wrong information fixed. Please tell the research team member named below if you would like to look at your information.

12. Complaints and compensation

If you are feeling upset or worried because of this research project, you should call the research team as soon as possible. They will help you to get support.

13. Who is organising and funding the research?

Kathryn Legg, a fourth year Bachelor of Occupational Therapy (Honours) student at Monash University will carry out the research. She is supervised by her teachers Primrose Lentin and Rebecca Allchin.

14. Who has reviewed the research project?

All research in Australia involving humans is looked at by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HRECs of Eastern Health and Monash University. This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007).*

15. Further Information and who to contact

Research contact person

Name	*Primrose Lentin (Principal Researcher)*
Position	*Senior Lecturer, Monash University Department of Occupational Therapy*
Telephone	*(03) 9904 4491*
Email	**primrose.lentin@monash.edu**

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Complaints contact person

Name	*Rebecca Allchin (Associate Researcher)*
Position	*Families and Parents with a Mental Illness Coordinator for Eastern Health*
Telephone	*(03)* 9871 3988
Email	rebecca.allchin@easternhealth.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC approving this research and HREC Executive Officer details

Reviewing HREC name	*The Eastern Health Human Research and Ethics Committee*
HREC Executive Officer	*The Chair*
Email	**Ethics@easternhealth.org.au**

Local HREC Office Contact

Name	*Dr Souheir Houssami (Monash University Human Research Ethics Executive Officer)*
Telephone	*(03) 9905 2052*
Email	souheir.houssami@monash.edu

If you would like to be told about the research findings, please contact Kathryn Legg **(student researcher)** by e-mailing ksleg1@student.monash.edu

Consent Form – Child

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me so that I understand.

I understand the aims, steps and risks of the research described in the project.

I have had a chance to ask questions and I am happy with the answers I have received. I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____

Signature _____ Date _____

Name of Parent/Guardian _____

Signature _____ Date _____

Declaration by Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher Kathryn Legg

Signature _____ Date _____

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature

APPENDIX F

Participant Information Sheet/Consent Form – Parent/Guardian Consent

Health/Social Science Research – *Parent/Guardian consenting on behalf of participant*

Blackburn Connections

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

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Part 1. What does my participation involve?

2. Introduction

This is an invitation for the child in your care to take part in this research project which is called *The Suitability and Effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) Program for Children Aged 7 to 12*. The child has been invited because they have been accepted into the 2013 Semester 1 CHAMPS MAT program. This means that their thoughts, opinions, and experiences of the program are valuable and useful in our evaluation of the program. The child's contact details were obtained from Bronwyn Sanders the Families and Parents with a Mental Illness (FaPMI) program support worker.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the processes involved with taking part in the study. Knowing what is involved will help you decide if you want the child to take part in the research.

Please read this information carefully. Ask questions about anything you don't understand or want to know more about. Before deciding whether or not the child can take part, you might want to talk about it with a relative, friend or local health worker.

Participation in this research is voluntary. If you don't wish the child in your care to take part, they don't have to.

If you decide you want the child to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to the child taking part in the research project
- Consent to the child being involved in the research described below
- Consent to the use of the child's personal information as described below

You will be given a copy of this Participant Information and Consent Form to keep.

3. What is the purpose of this research?

The aim/purpose of this study is to evaluate if the CHAMPS MAT program is a suitable and effective program for the children who attend. Finding an answer to this will involve:

- Investigating the needs of the children who attend the CHAMPS MAT program, and if/how the program addresses these needs
- Investigating if the CHAMPS MAT program is beneficial for the children aged 7 to 12 who have a parent with a mental illness
- Investigating if the CHAMPS MAT program provides peer-support for the children
- Investigating if and how the added services provided to parents by CHAMPS MAT program staff is helpful for families

There is currently a lack of knowledge about the effectiveness and suitability of programs developed for children who have a parent with mental illness. This research project could help to contribute valuable evidence about these types of programs and inform how future programs are developed and funded.

The results of this research will be used by the student researcher Kathryn Legg to obtain a Bachelor of Occupational Therapy (with Honours) degree.

This research has been initiated by the principal researcher Primrose Lentin and the associate researcher Rebecca Allchin.

This research is being conducted by students and staff of the Department of Occupational Therapy, Monash University as well as by staff from the FaPMI team of Eastern Health Adult Mental Health Program.

4. What does participation in this research involve?

For the child in your care to participate in this research study you will first need to read this information sheet and sign the consent form.

If you decide that the child in your care may participate in this research study you will be agreeing to:

- Allow the researchers to use the data the child provides on the CHAMPS MAT evaluation questionnaire on the last day of the program. The CHAMPS MAT evaluation questionnaire is filled out by all the children at the last session of the program and asks about their experience being in the CHAMPS MAT program.
- Allow the child in your care to be interviewed about their experience in the CHAMPS MAT program as well as their answers on the CHAMPS MAT evaluation questionnaire. This interview will be face-to-face with the student researcher and will take place at the Connections building or the Eastern Health Murnong Clinic in East Ringwood. The interview should take between 10 and

20 minutes. At the end of the interview the student researcher will check with child that the responses she has recorded has been interpreted correctly and that no information has been missed. The Parent/Guardians will not be allowed in the room during the interview but can wait for their child outside the room.

With your consent interviews will be audio-recorded to ensure that the answers the child in your care provides are recorded and not changed. If you prefer that the interview is not recorded the student researcher will take notes of the child's answers. If you consent for the child's interview to be recorded, but the child does not want to be recorded, the interviewer will take notes of the child's answers and not audio-record them.

Interviews will be conducted at either the Connections building or the Eastern Health Murnong Clinic. Participants may choose their preferred location for the interview. If you would like to participate but it would not be possible for you to be interviewed at any of the proposed locations it may be possible to conduct the interviews over the phone.

Interviews and any follow-up contact (e.g. regarding transcript documents) will be conducted between 01/03/2013 till the 31/07/2013. The full research project will run from 01/03/2013 to the 01/02/2014 and will include the interview (data collection) process, data transcription, data analysis and the writing of a thesis.

This research project has been approved by the Eastern Health Human Research and Ethics Committee and the Monash University Human Research and Ethics Committee. This student researcher will be consistently monitored and supervised by the principal researcher and the associate researcher throughout the conduct of the project.

This research has been designed to make sure the researchers interpret the results in a fair and appropriate way and avoids researchers or participants jumping to conclusions.

There are no costs associated with participating in this research project, nor will you or the child be paid.

5. Other relevant information about the research project

There will be between 12 and 21 participants in this research study. Participants will include the children attending the CHAMPS MAT program (4-8 participants), a parent/guardian of these children (4-8 participants), FaPMI staff (2 participants), Connections staff (1 participant), and the MAT instructors and assistant (1-2 participants).

This project will only be conducted with the 2013 Semester 1 CHAMPS MAT program.

The principal researcher and the student researcher from Monash University will work in collaboration with the associate researcher from the FaPMI team. They will work together to ensure the research procedure is followed correctly, that data is being stored correctly, and that data is being interpreted correctly.

6. Does the child have to take part in this research project?

Participation in any research project is voluntary. If you do not wish for the child to take part, they do not have to. If you decide that they can take part and later change your

mind you are free to withdraw the child from the project at any stage. However, data collected up to the time the child withdraws will form part of the research project results to ensure that the results of the research project can be measured properly and to comply with the law. The confidentiality of the child will be assured if this occurs and they will not be identifiable.

If you decide that the child in your care can take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision that the child can or cannot take part, or that they can take part and then withdraw, will not affect the child's involvement in the CHAMPS MAT program, their relationship with professional staff or their relationship Eastern Health or the Families and Parents with a Mental Illness team.

7. What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research; however, this research project will give the child in your care the opportunity to express their thoughts and opinions of the CHAMPS MAT program, discuss their experience of being involved in the CHAMPS MAT program, which may inform future CHAMPS MAT programs.

8. What are the possible risks and disadvantages of taking part?

Inconvenience: There may be some level of inconvenience involved in order to attend an interview session with the child in your care (such as transport and time considerations). To try and minimise this as much as possible the student researcher will work with you and the child to try and find a time and place that would be best for the child to be interviewed.

Discomfort: During the interviews, the child may experience some low level of psychological discomfort. This is because the interview will cover topics relating to the child's home life, participation in school, behaviour, and participation in the CHAMPS MAT program, and these may be personal or difficult topics to discuss. The student researcher conducting the interview will be respectful and understanding at all times, and the child's identity and personal information will be kept strictly confidential.

If at any point of the interview, the child feels the psychological discomfort is too great, shows high levels of discomfort, or does not want to continue with the interview the child can stop and leave the interview at any point with no negative consequences. There will be qualified mental health workers at the location that the researcher could contact if the child needed to talk with someone immediately after stopping an interview. If the child decides to stop an interview the FaPMI program support worker will call you and the child in the days following the interview to check in with you and see if there are any services or supports you feel that the child or yourself need.

However, it is predicted that **any psychological discomfort from participating in the research would be short term and also minimal** in severity. **It is very unlikely that there will be any long-term negative effects.** If you or the child are feeling distressed after an interview you or the child can call the **after-hours contact:** the **Eastern Health Mental Health Triage & Emergency Department Response Team** on **1300 721 927,** or the **Kids Helpline** on **1800 55 1800.**

9. Child Safety Procedure

The researchers have a duty of care to the children participating in this study and this means that they are legally obligated to report any reported or suspected abuse. This research study will follow a child safety procedure that will be put in place if a child reports abuse or neglect during an interview, or if a researcher suspects that the child may be experiencing abuse or neglect due to their answers in the interview. It is unlikely that concerns of child safety will arise.

Where severe acts of abuse are reported or suspected the student researcher will stop the interview and report to the FaPMI program support worker or the FaPMI program co-ordinator for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member will contact the Victorian Child Protection Service to get further instruction and assistance.

Where less severe acts of abuse are reported or suspected the student researcher will continue with the interview until it is finished. After the interview is completed the student researcher will report to the FaPMI program support worker or the FaPMI program co-ordinator for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member will contact Child FIRST to get further instruction and assistance. Child FIRST will help to link the child and parent/guardian into appropriate services for assistance.

The FaPMI service will continue to provide assistance and support to you and the child throughout any processes or decisions made by Child FIRST or Child Protection.

10. What if I withdraw the child from this research project?

If you do consent for the child to participate, you may withdraw them at any time. If you decide to withdraw the child from the project, please notify a member of the research team before you withdraw. A member of the research team will inform you if there are any special requirements linked to withdrawing. If you do withdraw the child, you will be asked to complete and sign a 'Withdrawal of Consent' form; this will be provided to you by the research team.

If you decide to withdraw the child from the research project, the researchers will not collect any additional personal information from the child, although personal information already collected (from questionnaires and interviews) will be retained to ensure that the results of the research project can be measured properly and to comply with the law. You should be aware that data collected up to the time you withdraw the child will form part of the research project results. If you do not want the child's data to be included, you must tell the researchers when you withdraw them from the research project.

11. Could this research project be stopped unexpectedly?

It is very unlikely that this research project will be stopped unexpectedly.

12. What happens when the research project ends?

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted. The study will be reported in a thesis and report of the study may be presented at conferences and submitted for publication. Individual participants will not be identifiable in any report.

If you would like to be informed of the research findings, please contact Kathryn Legg (student researcher) by e-mailing ksleg1@student.monash.edu.

Part 2. How is the research project being conducted?

13. What will happen to information about me?

By signing the consent form you consent to the research team collecting and using personal information about the child in your care for this research project. Any information obtained in connection with this research project that can identify the child will remain confidential. The child will be given a pseudonym or code (a different name or number) that they will be referred to as within the project. Any collected data will be written in using their pseudonym/code so that their personal information will not be written in any data or anywhere within the research thesis, but will still be identifiable by the researcher. The child will not be identifiable in the published thesis or any articles written in regards to the thesis.

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted.

The child's information and data will only be used for the purpose of this research project and it will only be disclosed with their and your permission, except as required by law.

The personal information that the research team collect and use is information from the child's CHAMPS MAT evaluation questionnaire and their interview.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that the child in your care will not be identifiable.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information that is collected from the child and stored by the research team. However, under section 65(5) of the information Privacy Act, the researchers can decline this request for access if they feel that disclosing the information may endanger the child. Please inform the research team member named at the end of this document if you would like to access the child's information.

Any information obtained for the purpose of this research project that can identify you or the child will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

14. Complaints and compensation

If the child suffers any distress or psychological injury as a result of this research project, you should contact the research team as soon as possible. You will be assisted with arranging appropriate treatment and support.

15. Who is organising and funding the research?

This research project is being conducted by Kathryn Legg, a fourth year Bachelor of Occupational Therapy (Honours) student at Monash University.

16. Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC).
The ethical aspects of this research project have been approved by the HREC of Eastern Health and Monash University.
This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007).* This statement has been developed to protect the interests of people who agree to participate in human research studies.

17. Further Information and who to contact

Research contact person

Name	*Primrose Lentin (Principal Researcher)*
Position	*Senior Lecturer, Monash University Department of Occupational Therapy*
Telephone	*(03) 9904 4491*
Email	**primrose.lentin@monash.edu**

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:
Complaints contact person

Name	*Rebecca Allchin (Associate Researcher)*
Position	*Families and Parents with a Mental Illness Coordinator for Eastern Health*
Telephone	*(03)* 9871 3988
Email	rebecca.allchin@easternhealth.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:
Reviewing HREC approving this research and HREC Executive Officer details

Reviewing HREC name	*The Eastern Health Human Research and Ethics Committee*
HREC Executive Officer	*The Chair*
Email	**Ethics@easternhealth.org.au**

Local HREC Office Contact

Name	*Dr Souheir Houssami (Monash University Human Research Ethics Executive Officer)*
Telephone	*(03) 9905 2052*
Email	souheir.houssami@monash.edu

If you would like to be informed of the collective research finding, please contact Kathryn Legg **(student researcher)** by e-mailing ksleg1@student.monash.edu

Consent Form – Parent/Guardian Consent *(Parent/Guardian consenting on behalf of participant)*

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand. I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received. I freely agree to the child participating in this research project as described and understand that I am free to withdraw them at any time during the project without affecting their future care.

I understand that I will be given a signed copy of this document to keep.

Name of Child (please _____

Signature of Child _____ Date _____

Name of Parent/Guardian (please _____

Signature of Parent/Guardian _____ Date _____

Declaration by Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher Kathryn Legg

Signature _____ Date _____

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project. Note: All parties signing the consent section must date their own signature.

APPENDIX G

Participant Information Sheet/Consent Form – Parents/Guardians

Health/Social Science Research – *Adult providing own consent*

Blackburn Connections

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

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Part 1. What does my participation involve?

18. Introduction

You are invited to take part in this research project which is called *The Suitability and Effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) Program for Children Aged 7 to 12*. You have been invited to participate as your child has been accepted into the 2013 Semester 1 CHAMPS MAT program. This means that your thoughts, opinions, and experiences of the program are valuable and useful in our evaluation of the program. Your contact details were obtained from Bronwyn Sanders the Families and Parents with a Mental Illness (FaPMI) program support worker.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the processes involved with taking part in the study. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or local health worker.

Participation in this research is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to be involved in the research described below
- Consent to the use of your personal information as described below

You will be given a copy of this Participant Information and Consent Form to keep.

19. What is the purpose of this research?

The aim/purpose of this study is to evaluate if the CHAMPS MAT program is a suitable and effective program for the children who attend. Finding an answer to this will involve:

- Investigating the needs of the children who attend the CHAMPS MAT program, and if/how the program addresses these needs
- Investigating if the CHAMPS MAT program is beneficial for the children aged 7 to 12 who have a parent with a mental illness
- Investigating if the CHAMPS MAT program provides peer-support for the children
- Investigating if and how the added services provided to parents by CHAMPS MAT program staff is helpful for families

There is currently a lack of knowledge about the effectiveness and suitability of martial arts programs developed for children who have a parent with mental illness. This research project could help to contribute valuable evidence about these types of programs and inform how future programs are developed and funded.

The results of this research will be used by the student researcher Kathryn Legg to obtain a Bachelor of Occupational Therapy (with Honours) degree.

This research has been initiated by the principal researcher Primrose Lentin and the associate researcher Rebecca Allchin.

This research is being conducted by students and staff of the Department of Occupational Therapy, Monash University as well as by staff from the FaPMI team of Eastern Health Adult Mental Health Program.

20. What does participation in this research involve?

To participate in this research study participants will first need to read this information sheet and sign the consent form.

If you choose to participate in this research you will be agreeing to:

- Allow the researchers to use the information you provide about your child on the Strengths and Difficulties Questionnaire. The Strengths and Difficulties Questionnaire is a questionnaire that looks at a child's emotional, conduct, hyperactivity-inattention, peer, and pro-social behaviours. All parents who have a child attending the CHAMPS MAT program are asked to fill in the Strengths and Difficulties Questionnaire at the first session.
- Allow the researchers to use the information you provide on the CHAMPS MAT evaluation questionnaire on the last day of the program. The CHAMPS MAT evaluation questionnaire is filled out by all parents at the last session of the program and asks about your experience with the CHAMPS MAT program.

- Be interviewed about yours and your child's experience in the CHAMPS MAT program as well as your answers on the CHAMPS MAT Evaluation Questionnaire and the Strengths and Difficulties Questionnaire. This interview will be face-to-face with the student researcher and will take place at the Blackburn Connections building where the group is held or the Eastern Health Murnong Clinic in East Ringwood. This interview should take between 30 and 40 minutes. The student researcher will then transcribe your answers from the interview into a document. This transcript document will then be sent to you in the mail. You can then make sure that your information was interpreted correctly and that no information is missing. If you feel that information has been interpreted incorrectly or that information has been missed you may contact the student researcher to discuss these concerns. If you do not contact the student researcher (see contact details below) it will be assumed that you agree with the information reported on the transcript document and it will be included in the final research.

With your consent, interviews will be audio-recorded to ensure that the answers are recorded correctly and not changed. If you prefer that the interview is not recorded the student researcher will take notes of your answers.

Interviews will be conducted at either the Connections building or the Eastern Health Murnong Clinic. Participants may choose their preferred location for the interview. If you would like to participate but it would not be possible for you to be interviewed at any of the proposed locations it may be possible to conduct the interviews over the phone.

Interviews and any follow-up contact (e.g. regarding transcript documents) will be conducted between 01/03/2013 till the 31/07/2013. The full research project will run from 01/03/2013 to the 01/02/2014 and will include the interview (data collection) process, data transcription, data analysis and the writing of a thesis.

This research project has been approved by the Eastern Health Human Research and Ethics Committee and the Monash University Human Research and Ethics Committee. This student researcher will be consistently monitored and supervised by the principal researcher and the associate researcher throughout the conduct of the project.

This research has been designed to make sure the researchers interpret the results in a fair and appropriate way and avoids researchers or participants jumping to conclusions.

There are no costs associated with participating in this research project, nor will you be paid.

21. Other relevant information about the research project

There will be between 12 and 21 participants in this research study. Participants will include the children attending the CHAMPS MAT program (4-8 participants), a parent/guardian of these children (4-8 participants), FaPMI staff (2 participants), Connections staff (1 participant), and the MAT instructors and assistant (1-2 participants).

This project will only be conducted with the 2013 Semester 1 CHAMPS MAT program.

The principal researcher and the student researcher from Monash University will work in collaboration with the associate researcher from the FaPMI team to ensure the

research is conducted sensitively and ethically and that procedures are followed correctly.

22. Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind you are free to withdraw from the project at any stage. However, data collected up to the time you withdraw will form part of the research project results to ensure that the results of the research project can be measured properly and to comply with the law. Your confidentiality will be assured if this occurs and you will not be identifiable.

If you decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your involvement in the CHAMPS MAT program, your relationship with professional staff or your relationship with Eastern Health or the FaPMI team.

23. What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research. However, this research project will give you the opportunity to express your thoughts and opinions of the CHAMPS MAT program, discuss your experience of being involved in the CHAMPS MAT program, and will inform future CHAMPS MAT programs.

24. What are the possible risks and disadvantages of taking part?

Inconvenience: There may be some level of inconvenience involved in order to attend an interview session (such as transport and time considerations). The student researcher will work with you to try and find a time and place that would be best for the interview.

Discomfort: During the interviews, you may experience some low level of psychological discomfort. This is because the interview will cover topics relating to your child's home life, participation in school, behaviour, and participation in the CHAMPS MAT program and these may be personal or difficult topics to discuss. The student researcher conducting the interview will be respectful and understanding at all times, and your identity and personal information will be kept strictly confidential.

If at any point of the interview, you feel the psychological discomfort is too great, or you do not want to continue with the interview you are able to stop and leave the interview at any point with no negative consequences. There will be qualified mental health workers at the location or on the phone that the researcher could contact if you felt you needed to debrief with someone immediately after stopping an interview. If you did decide to stop an interview the FaPMI program support worker will call you in the days following the interview just to check in with you and see if there are any services or supports you feel you need.

However, it is anticipated that **any psychological discomfort from participating in the research would be short term and also minimal** in severity. **It is very unlikely that there will be any long-term negative effects.** If you are feeling distressed after an interview you can call the **after-hours contact:** the **Eastern Health Mental Health Triage & Emergency Department Response Team** on **1300 721 927**

25. Child Safety Procedure

The researchers have a duty of care to the children participating in this study meaning that they are legally obligated to report any reported or suspected abuse. This research study will follow a child safety procedure that will be put in place if a child reports abuse or neglect during an interview, or if a researcher suspects that the child may be experiencing abuse or neglect due to their answers in the interview. It is unlikely that concerns of child safety will arise.

Where severe acts of abuse are reported or suspected the student researcher will stop the interview and report to the FaPMI program support worker or the FaPMI program co-ordinator for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member will contact the Victorian Child Protection Service to get further instruction and assistance.

Where less severe acts of abuse are reported or suspected the student researcher will continue with the interview until it is finished. After the interview is completed the student researcher will report to the FaPMI program support worker or the FaPMI program co-ordinator for assistance and instructions. After discussion with the child and the parent/guardian the FaPMI staff member will contact Child FIRST to get further instruction and assistance. Child FIRST will help to link the child and parent/guardian into appropriate services for assistance.

The FaPMI service will continue to provide you with assistance and support throughout any processes or decisions made by Child FIRST or Child Protection.

26. What if I withdraw from this research project?

If you do consent to participate, you may withdraw at any time. If you decide to withdraw from the project, please notify a member of the research team before you withdraw. A member of the research team will inform you if there are any special requirements linked to withdrawing. If you do withdraw, you will be asked to complete and sign a 'Withdrawal of Consent' form; this will be provided to you by the research team.

If you decide to withdraw from the research project, the researchers will not collect any additional personal information from you, although personal information already collected (from questionnaires and interviews) will be retained to ensure that the results of the research project can be measured properly and to comply with the law. You should be aware that data collected up to the time you withdraw will form part of the research project results. If you do not want your data to be included, you must tell the researchers when you withdraw from the research project.

27. Could this research project be stopped unexpectedly?

It is very unlikely that this research project will be stopped unexpectedly.

28. What happens when the research project ends?

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted. The study will be reported in a thesis and report of the study may be presented at conferences and submitted for publication. Individual participants will not be identifiable in any report.

If you would like to be informed of the research findings, please contact Kathryn Legg (student researcher) by e-mailing ksleg1@student.monash.edu.

Part 2. How is the research project being conducted?

29. What will happen to information about me?

By signing the consent form you consent to the research team collecting and using the personal information collected from you for this research project. Any information obtained in connection with this research project that can identify you will remain confidential. You will be given a pseudonym or code (a different name or number) that you will be referred to within the project. Any collected data will use your pseudonym/code so that your personal information will not be written in any data or anywhere within the research thesis, but will still be identifiable by the researchers. You will not be identifiable in the published thesis or any articles written in regards to the thesis.

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted.

Your information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

The personal information that the research team collect and use is information from your completed Strengths and Difficulties Questionnaire, your CHAMPS MAT evaluation Questionnaire and your interview.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you will not be identifiable.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

30. Complaints and compensation

If you suffer any distress or psychological injury as a result of this research project, you should contact the research team as soon as possible. You will be assisted with arranging appropriate treatment and support.

31. Who is organising and funding the research?

This research project is being conducted by Kathryn Legg, a fourth year Bachelor of Occupational Therapy (Honours) student at Monash University.

32. Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC).
The ethical aspects of this research project have been approved by the HRECs of Eastern Health and Monash University.
This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007).* This statement has been developed to protect the interests of people who agree to participate in human research studies.

33. Further Information and who to contact

Research contact person

Name	*Primrose Lentin (Principal Researcher)*
Position	*Senior Lecturer, Monash University Department of Occupational Therapy*
Telephone	*(03) 9904 4491*
Email	**primrose.lentin@monash.edu**

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Complaints contact person

Name	*Rebecca Allchin (Associate Researcher)*
Position	*Families and Parents with a Mental Illness Coordinator for Eastern Health*
Telephone	*(03)* 9871 3988
Email	rebecca.allchin@easternhealth.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC approving this research and HREC Executive Officer details

Reviewing HREC name	*The Eastern Health Human Research and Ethics Committee*
HREC Executive Officer	*The Chair*
Email	**Ethics@easternhealth.org.au**

Local HREC Office Contact

Name	*Dr Souheir Houssami (Monash University Human Research Ethics Executive Officer)*
Telephone	*(03) 9905 2052*
Email	souheir.houssami@monash.edu

If you would like to be informed of the research finding, please contact Kathryn Legg **(student researcher)** by e-mailing ksleg1@student.monash.edu

Consent Form – Parents *(Adult providing own consent)*

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received. I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____

Signature _____ Date _____

Declaration by Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher Kathryn Legg

Signature _____ Date _____

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature

APPENDIX H

Participant Information Sheet/Consent Form – Staff

Health/Social Science Research – *Adult providing own consent*

Blackburn Connections

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

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Part 1. What does my participation involve?

34. Introduction

You are invited to take part in this research project which is called *The Suitability and Effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) Program for Children Aged 7 to 12*. You have been invited to participate because you are a professional involved with the CHAMPS MAT program. This means that you have in-depth knowledge of the program, how it works, its strengths and limitations, and what the needs and potential benefits are for the children attending the program and their parents/guardians. Your contact details were obtained from Bronwyn Sanders the Families and Parents with a Mental Illness (FaPMI) program support worker.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the processes involved with taking part in the study. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or local health worker.

Participation in this research is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to be involved in the research described below
- Consent to the use of your personal information as described below

You will be given a copy of this Participant Information and Consent Form to keep.

35. What is the purpose of this research?

The aim/purpose of this study is to evaluate if the CHAMPS MAT program is a suitable and effective program for the children who attend. Finding an answer to this will involve:

- Investigating the needs of the children who attend the CHAMPS MAT program, and if/how the program addresses these needs
- Investigating if the CHAMPS MAT program is beneficial for the children aged 7 to 12 who have a parent with a mental illness
- Investigating if the CHAMPS MAT program provides peer-support for the children
- Investigating if and how the added services provided to parents by CHAMPS MAT program staff is helpful for families

There is currently a lack of knowledge around the effectiveness and suitability of programs developed for children who have a parent with mental illness. This research project could help to contribute valuable evidence about these types of programs and inform how future programs are developed and funded.

The results of this research will be used by the student researcher Kathryn Legg to obtain a Bachelor of Occupational Therapy (with Honours) degree.

This research has been initiated by the principal researcher Primrose Lentin and the associate researcher Rebecca Allchin.

This research is being conducted by students and staff of the Department of Occupational Therapy, Monash University as well as by staff from the FaPMI team of Eastern Health Adult Mental Health Program.

36. What does participation in this research involve?

To participate in this research you will first need to read this information sheet and sign the consent form.

If you choose to participate in this research you will be agreeing to be interviewed about your involvement in the CHAMPS MAT program. This interview will be face-to-face with the student researcher and will take place at the Connections building or the Eastern Health Murnong Clinic in East Ringwood. This interview should take between 30 and 40 minutes. The student researcher will then transcribe your answers from the interview into a written transcript document. This transcript document will then be given back to you by the student researcher. You can then make sure that your information was interpreted correctly and that no information is missing. If you feel that information has been interpreted incorrectly or information has been missed you may contact the student researcher to discuss these concerns. If you do not contact the student

researcher it will be assumed that you agree with the information reported on the transcript document and it will be included in the final research.

With your consent, interviews will be audio-recorded to ensure that the answers you provide are recorded and not changed. If you prefer that the interview is not recorded the student researcher will take notes of your answers.

Interviews will be conducted at either the Connections building or the Eastern Health Murnong Clinic. Participants may choose their preferred location for the interview. If you would like to participate but it would not be possible for you to be interviewed at any of the proposed locations it may be possible to conduct the interviews over the phone.

Interviews and any follow-up contact (e.g. regarding transcript documents) will be conducted between 01/03/2013 and the 31/07/2013. The full research project will run from 01/03/2013 to the 01/02/2014 and will include the interview (data collection) process, data transcription, data analysis and the writing of a thesis.

This research project has been approved by the Eastern Health Human Research and Ethics Committee and the Monash University Human Research and Ethics Committee. The student researcher will be consistently monitored and supervised by the principal researcher and the associate researcher throughout the conduct of the project.

This research has been designed to make sure the researchers interpret the results in a fair and appropriate way and avoids researchers or participants jumping to conclusions.

There are no costs associated with participating in this research project, nor will you be paid.

37. Other relevant information about the research project

Overall, there will be between 12 and 21 participants in this research study. Participants will include the children attending the CHAMPS MAT program (4-8 participants), a parent/guardian of these children (4-8 participants), FaPMI staff (2 participants), Connections staff (1 participant), and the MAT instructors and assistant (1-2 participants).

This research will only be conducted with the 2013 Semester 1 CHAMPS MAT program.

The principal researcher and the student researcher from Monash University will work in collaboration with the associate researcher from the FaPMI team. They will work together to ensure the research procedure is followed correctly, that data is being stored correctly, and that data is being interpreted correctly.

38. Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind you are free to withdraw from the project at any stage. However, data collected up to the time you withdraw will form part of the research project results to ensure that the results of the research project can be measured properly and to comply with the law. Your confidentiality will be assured if this occurs and you will not be identifiable.

If you decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.
Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your involvement in the CHAMPS MAT program, your relationship with professional staff or your relationship Eastern Health or the Families and Parents with a Mental Illness team.

39. What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research; however, this research project will give you the opportunity to express your thoughts and opinions of the CHAMPS MAT program, discuss your experience of being involved in the CHAMPS MAT program, and you may inform how future CHAMPS MAT programs are run.

40. What are the possible risks and disadvantages of taking part?

Inconvenience: There may be some level of inconvenience involved in having you attend an interview session (such as transport and time considerations). To try and minimise this as much as possible the student researcher will work with you to try and find a time and place that would be best for you to be interviewed at.

Discomfort: It is not anticipated that the interview will cause you any discomfort, however, if at any point in the interview you feel psychological or other discomfort and you do not want to continue with the interview you can stop and leave the interview at any point with no negative consequences. There are qualified mental health workers at the location that the researcher could contact if you felt you needed to debrief with someone immediately after stopping an interview. If you did decide to stop an interview a member of the research team or the FaPMI program support worker will call you in the days following the interviewer just to check in with you and see if there are any services or supports you feel you need.

If you are feeling particularly distressed after an interview you can call the **after-hours contact:** the **Eastern Health Mental Health Triage & Emergency Department Response Team** on **1300 721 927**

41. What if I withdraw from this research project?

If you do consent to participate, you may withdraw at any time. If you decide to withdraw from the project, please notify a member of the research team before you withdraw. A member of the research team will inform you if there are any special requirements linked to withdrawing. If you do withdraw, you will be asked to complete and sign a 'Withdrawal of Consent' form; this will be provided to you by the research team.

If you decide to withdraw from the research project, the researchers will not collect any additional personal information from you, although information already collected (from interviews) will be retained to ensure that the results of the research project can be measured properly and to comply with the law. You should be aware that data collected up to the time you withdraw will form part of the research project results. If you do not want your data to be included, you must tell the researchers when you withdraw from the research project.

42. Could this research project be stopped unexpectedly?

It is very unlikely that this research project will be stopped unexpectedly.

43. What happens when the research project ends?

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted. The study will be reported in a thesis and report of the study may be presented at conferences and submitted for publication. Individual participants will not be identifiable in any report.

If you would like to be informed of the research findings, please contact Kathryn Legg (student researcher) by e-mailing ksleg1@student.monash.edu.

Part 2. How is the research project being conducted?

44. What will happen to information about me?

By signing the consent form you consent to the research team collecting and using personal information about you for this research project. The information collected from you will not be identifiable.

Data collected for this research project will be de-identified and stored in a locked filing cabinet and kept on University premises for 5 years, in accordance with Monash University regulations. After this period of time hard copy documents will be shredded and electronic data will be deleted.

Your information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

The personal information that the research team collect and use is information from your interview as well as information about your position.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you will not be identifiable.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

45. Complaints and compensation

If you suffer any distress or psychological injury as a result of this research project, you should contact the research team as soon as possible. You will be assisted with arranging appropriate support.

46. Who is organising and funding the research?

This research project is being conducted by Kathryn Legg, a fourth year Bachelor of Occupational Therapy (Honours) student at Monash University and supervised by Primrose Lentin and Rebecca Allchin.

47. Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC).
The ethical aspects of this research project have been approved by the HREC of Eastern Health and Monash University.
This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007).* This statement has been developed to protect the interests of people who agree to participate in human research studies.

48. Further Information and who to contact

Research contact person

Name	*Primrose Lentin (Principal Researcher)*
Position	*Senior Lecturer, Monash University Department of Occupational Therapy*
Telephone	*(03) 9904 4491*
Email	**primrose.lentin@monash.edu**

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Complaints contact person

Name	*Rebecca Allchin (Associate Researcher)*
Position	*Families and Parents with a Mental Illness Coordinator for Eastern Health*
Telephone	*(03)* 9871 3988
Email	rebecca.allchin@easternhealth.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC approving this research and HREC Executive Officer details

Reviewing HREC name	*The Eastern Health Human Research and Ethics Committee*
HREC Executive Officer	*The Chair*
Email	**Ethics@easternhealth.org.au**

Local HREC Office Contact

Name	*Dr Souheir Houssami (Monash University Human Research Ethics Executive Officer)*
Telephone	*(03) 9905 2052*
Email	souheir.houssami@monash.edu

If you would like to be informed of the collective research finding, please contact Kathryn Legg **(student researcher)** by e-mailing ksleg1@student.monash.edu.

Consent Form – Staff *(Adult providing own consent)*

Title	The suitability and effectiveness of the Children and Mentally Ill Parents Martial Arts as Therapy (CHAMPS MAT) program for children aged 7 to 12.
Protocol Number	E29/1213
Project Sponsor	The Eastern Health Families and Parents with a Mental Illness Team (FaPMI)
Principal Researcher	Primrose Lentin, Monash University
Associate Researcher	Rebecca Allchin, Eastern Health FaPMI Co-ordinator
Student Researcher	Kathryn Legg, Occupational Therapy Honours student Monash University
Location	Murnong Clinic, Eastern Health Mental Health Services

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____

Signature _____ Date _____

Declaration by Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher Kathryn Legg

Signature _____ Date _____

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

APPENDIX I

Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's name ..... Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Signature ..... Date .....

Parent / Teacher / Other (Please specify):

Thank you very much for your help

APPENDIX J

Scoring the Informant-Rated Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

Emotional Symptoms Scale	Not True	Somewhat True	Certainly True
Often complains of headaches, stomach-aches ...	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations ...	0	1	2
Many fears, easily scared	0	1	2

Conduct Problems Scale	Not True	Somewhat True	Certainly True
Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what ...	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2

Hyperactivity Scale	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0

Peer Problems Scale	Not True	Somewhat True	Certainly True
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2

Prosocial Scale	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset of feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

The Total Difficulties Score:

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

APPENDIX K

Source: Mellor (2005, p. 219)

Table 4. Mean scores and banding for SDQ subscales and total difficulties for boys

			7 – 10 years ($n = 160$)			11 – 13 years ($n = 148$)			14 – 17 years ($n = 115$)		
Subscale			Self-report	Parent report	Teacher report	Self-report	Parent report	Teacher report	Self-report	Parent report	Teacher report
Emotional symptoms	Mean (SD)		2.99 (2.21)	2.29 (2.11)	1.49 (1.85)	1.99 (1.92)	1.79 (1.77)	1.06 (1.46)	2.07 (2.00)	1.52 (1.86)	1.30 (1.75)
	Top 20%	Borderline/query	5	4	3	4	3	2	4	3	2
	Top 10%	Abnormal/of concern	≥6	≥5	≥4	≥5	≥5	≥3	≥5	≥5	≥3
Conduct problems	Mean (SD)		2.01 (1.85)	1.81 (1.73)	1.33 (1.70)	1.96 (1.82)	1.24 (1.66)	1.05 (1.59)	2.38 (1.93)	1.65 (1.63)	1.35 (1.55)
	Top 20%	Borderline/query	4	3	3	4	3	2	4	3	2
	Top 10%	Abnormal/of concern	≥5	≥4	≥4	≥5	≥4	≥3	≥5	≥4	≥3
Hyperactivity	Mean (SD)		3.56 (2.47)	4.07 (2.66)	3.45 (3.03)	3.15 (2.25)	3.16 (2.51)	3.17 (2.78)	4.01 (2.37)	3.53 (2.45)	3.08 (2.41)
	Top 20%	Borderline/query	6	6	6	5	5	5	6	5	4
	Top 10%	Abnormal/of concern	≥7	≥8	≥9	≥6	≥7	≥7	≥7	≥7	≥6
Peer problems	Mean (SD)		2.10 (1.84)	1.75 (2.00)	1.50 (1.91)	1.70 (1.59)	1.56 (1.90)	1.45 (1.62)	1.62 (1.60)	1.76 (2.02)	2.05 (1.86)
	Top 20%	Borderline/query	4	3	3	3	3	3	2	3	3
	Top 10%	Abnormal/of concern	≥5	≥5	≥4	≥4	≥4	≥4	≥3	≥6	≥4
Prosocial	Mean (SD)		8.06 (1.80)	8.00 (1.76)	7.27 (2.28)	7.75 (1.88)	8.15 (1.68)	7.33 (2.28)	7.25 (1.76)	7.77 (1.77)	6.84 (2.15)
	Bottom 20%	Borderline/query	6	7	5	6	6	5	6	6	5
	Bottom 10%	Abnormal/of concern	≤5	≤6	≤4	≤5	≤5	≤4	≤5	≤5	≤4
Total difficulties	Mean (SD)		10.65 (6.06)	9.91 (6.42)	7.82 (6.87)	8.80 (5.46)	7.78 (5.75)	6.78 (5.54)	10.12 (5.98)	8.45 (5.84)	7.82 (5.95)
	Top 20%	Borderline/query	16	16	14	14	13	12	15	13	13
	Top 10%	Abnormal/of concern	≥20	≥19	≥17	≥16	≥17	≥15	≥19	≥18	≥15

APPENDIX L

the MAT program
a therapeutic martial arts program

CHAMPS AFTER-SCHOOL PROGRAM

EVALUATION

Name:
Tell us what you think:

Have you enjoyed being a part of this program?

1	2	3	4	5
Not at all		Somewhat		Definitely

Please explain why or why not.

What was the best thing about the program?

What was the worst thing about the program?

What skills have you learnt?

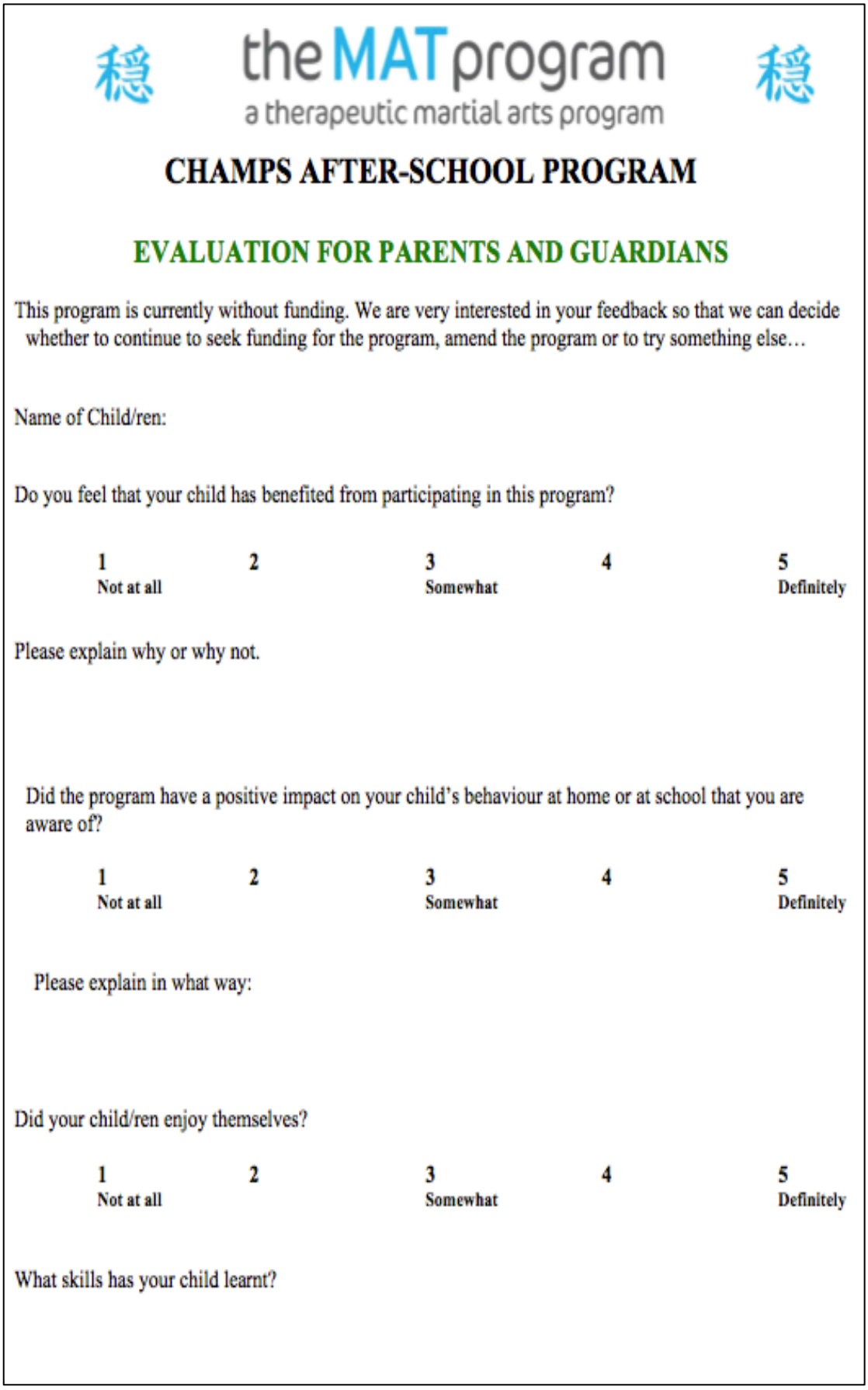
Have you changed the way you manage things at home or school because of this program?

1	2	3	4	5
Not at all		Somewhat		Definitely

What have you changed?

Thank you for your time

APPENDIX M



穩 the MAT program 穩

a therapeutic martial arts program

CHAMPS AFTER-SCHOOL PROGRAM

EVALUATION FOR PARENTS AND GUARDIANS

This program is currently without funding. We are very interested in your feedback so that we can decide whether to continue to seek funding for the program, amend the program or to try something else…

Name of Child/ren:

Do you feel that your child has benefited from participating in this program?

1	2	3	4	5
Not at all		Somewhat		Definitely

Please explain why or why not.

Did the program have a positive impact on your child's behaviour at home or at school that you are aware of?

1	2	3	4	5
Not at all		Somewhat		Definitely

Please explain in what way:

Did your child/ren enjoy themselves?

1	2	3	4	5
Not at all		Somewhat		Definitely

What skills has your child learnt?

Is there anything that we could have done differently to improve the program? Yes / No
If yes, what could we have done?

Did you receive enough information about the program prior to it commencing? Yes / No

Please comment:

Did it make any difference to you or your child that the group was specifically for children of a parent with a mental illness?

Yes / No

Please explain:

Would you like to receive information about other CHAMPS activities in the future? Yes / No

Could you please provide your email address if you have one thank you.

Please feel free to make any other comments.

Thank you for your time

APPENDIX N

Child Semi-Structured Interview Schedule

The interviewer will begin with an overview of the study, it's aims and it's purpose, that the participant can choose to end the interview at any point (without any negative consequences) and that they can tell me if they are beginning to feel uncomfortable. I will also ask them to tell me if they're unsure of the meaning of a question or need to clarify anything. I will ensure that they know they are being audio-recorded, if they agreed to this in the consent form.

<u>The questions I will ask will be as follows:</u>

1. Why did you come to the CHAMPS MAT program?

2. Was there anything that you yourself wanted to gain from coming to the program?

3. If 1 is not at all, and 5 is a definitely, how much do you think you gained these things? (HOLD UP THE LIKERT NOMINAL LIKERT SCALE: 1:not at all, 3: somewhat, 5: definitely. Rate each "thing")

4. Why do you think you did, or didn't gain these things?

5. You wrote that you ___ enjoyed coming to the CHAMPS MAT program. Why did you pick this answer?

6. What have you learnt from attending the CHAMPS MAT program?

7. How did the CHAMPS MAT program teach you this?

8. What do you think was the best thing you achieved from coming to the CHAMPS MAT program?

9. Is there anything you would change about the CHAMPS MAT program?
    - If yes, what would you change?

10. Have you changed how you manage at school and at home after coming to the CHAMPS MAT program? Please tell me about these changes:
    - At home?
    - At school?
    - At any other place or situation you can think of?

11. Do you think it was good that all the other children in the CHAMPS MAT program also had a mum or dad with a mental illness?
    - If yes, why?
    - If no, why not?

12. Is there anything else you would like to say about the CHAMPS MAT program?

Thank you for participating in this interview. I will now go over the answers you gave me to the questions; if you think I have gotten something wrong or forgotten something, please tell me.

APPENDIX O

Parent/Guardian Semi-Structured Interview Schedule

The interviewer will begin with an overview of the study, it's aims and it's purpose, that the participant can choose to end the interview at any point (without any negative consequences) and that they can tell me if they are beginning to feel uncomfortable. I will also ask them to tell me if they're unsure of the meaning of a question or need to clarify anything. I will ensure that they know they are being audio-recorded, if they agreed to this in the consent form.

<u>The questions I will ask will be as follows:</u>

1. Why did you involve your child in the CHAMPS MAT program?

2. What did you think that your child would gain from coming to the CHAMPS MAT program?

3. Do you feel that your child gained these things from coming to the CHAMPS MAT program?
    - Was there anything that wasn't gained?
    - Why do you think it wasn't gained?
    - Was there anything that could have been changed about the CHAMPS MAT program for your child to gain that?

4. Do you think that your child has benefitted from the program, and why?

5. Can you tell me about these benefits of attending the CHAMPS MAT program? Please give a range of possibilities.

6. Is there anything you think the CHAMPS MAT program could do to be more beneficial for you or your child?

7. Do you think that the program had a positive impact on you child's behaviour at home or school?

8. After attending the CHAMPS MAT program how has your child's ability to do things changed from the beginning of the program in regards to the following? Please give a range of possibilities
    - At home
    - At school
    - At any other location you feel is significant

9. Do you think that your child enjoyed themselves in the program? Why?

10. Do you think that running the program especially for children who have a parent with a mental illness has been beneficial for your child?
    - If yes, in what ways has it been beneficial?
    - If no, why do you not think it has been beneficial?

11. The FaPMI and Connections staff offer a number of supports to the families who have a child in the CHAMPS MAT program, including planning, taxi vouchers and follow-up phone calls. On a scale of 1 to 5, where 1 is not at all, and 5 is definitely, how helpful have you found these added supports? (HOLD UP THE LIKERT NOMINAL LIKERT SCALE: 1:not at all, 3: somewhat, 5: definitely)

12. Why do you believe these supports are:
    - Helpful?
    - Not helpful?

13. Are there any other supports that you think would be helpful for the CHAMPS MAT program staff to offer, and if so what are they?

14. Do you have any other comments about the suitability and effectiveness of the CHAMPS MAT program?

Thank you for participating in this interview. You will be sent a copy of the audio-tape transcript for you to read over and check. Please contact me if you have any questions or want to query something. If you do not contact me I will assume you are happy with the transcript and will include it in the research project.

APPENDIX P

Staff Semi-Structured Interview Schedule

The interviewer will begin with an overview of the study, it's aims and it's purpose, that the participant can choose to end the interview at any point (without any negative consequences) and that they can tell me if they are beginning to feel uncomfortable. I will also ask them to tell me if they're unsure of the meaning of a question or need to clarify anything. I will ensure that they know they are being audio-recorded, as they agreed to this in the consent form.

<u>The questions I will ask will be as follows:</u>

1. What do you think are the needs of the children participating in the CHAMPS MAT program?

2. Do you think the CHAMPS MAT program addresses these needs? In what ways?

3. What do you think are the needs of the parents participating in the CHAMPS MAT program?

4. Do you think the CHAMPS MAT program addresses these needs? In what ways?

5. Are there any needs not being addressed by the CHAMPS MAT program for:
    - The children?
    - The family?

6. Do you think that the existing added support provided by FaPMI and Connections staff benefit the child and the family? In what ways?

7. Do you think that there are any other supports that the CHAMPS MAT program could offer to these children and their families, if so what are they?

8. From your experience in working with the CHAMPS MAT program, have you seen any benefits for children who attend? What were these benefits?

9. If yes, how do you think these benefits could affect the child's daily life,
    - At home?
    - At school?
    - Somewhere else?

10. What specifically about the CHAMPS MAT program do you think leads to these benefits for the children?

11. Do you think the CHAMPS MAT program has the potential to produce more benefits for children, if so what?

12. In what ways do you think the CHAMPS MAT program could be modified to allow for these?

13. Do you think the CHAMPS MAT program offers peer-support to the children attending? In what ways?

14. Do you have any other comments about the suitability and effectiveness of the program?

Thank you for participating in this interview. You will be sent a copy of the audio-tape transcript for you to read over and check. Please contact me if you have any questions or want to query something. If you do not contact me I will assume you are happy with the transcript and will include it in the research project.

APPENDIX Q

Interview transcript for: parent/guardian Participant 5
Date of Interview: 24/04/13
Interviewer: Kathryn Legg
Location of Interview: Interview room at Croydon Connections

P = Parent/guardian participant 5
I = Interviewer

I: There we go. And would you um state your name just so that I can see that it's picking you up?
P: -
I: Beautiful. Okay so I'll state for the record that it's the 24/04/2013 and I'm interviewing --------. Okay. Formalities out of the way. Um so my first question um was: why did you involve --- in the program?
P: Umm, I, I found out about the program through a psychologist that I've been seeing for myself. Um, basically because I've been trying to – -'s got a lot of issues about anger and resentment and everything towards a lot of things. His father's got a pretty bad mental illness and um - has not dealt with that very well. So I'm just trying to involve him in things that will help him understand basically. And help with the anger and yeah so that's pretty much…
I: Yeah
P: I found out about that and I booked him straight in.
I: Great.
P: Yeah
I: and so you said that the things you were hoping he would get or or gain from the program, um, was some anger and resentment management I guess
P: Yeah
I: And um some, maybe some way to deal with the fact that his dad has a mental illness
P: Yeah
I: was here anything else that you thought that he might be able to get from the program?
P: Well my understanding, I mean the program was great, but my understanding of the program before we started it was um, that they were going to actually touch on some issues in a kids way about mental illness, which they didn't do.
I: yeah
P: I've got to say. Um, I didn't see that. Um, maybe like I might have understood that wrong. But I was just kind of – that's what I initially thought. It was in a martial arts way. Like it was. Um but, kind of speaking a little bit about briefly, mental illness in, in a kids understanding which is… Does that answer the question?
I: Yes that does
P: Okay *laughs*
I: * while writing down * …in a kids way.
P: But they didn't, they didn't seem to do that. But it was still a great program.

APPENDIX R

Interview transcript for: Parent/Guardian participant 5
Date of Interview: 24/04/13
Interviewer: Kathryn Legg
Location of Interview: Interview room at Croydon Connections

P = Parent/guardian participant 5
I = Interviewer

Question	*Transcript*	*Codes*
1Why did you involve your child in the CHAMPS MAT program? 2What did you think that your child would gain from coming to the CHAMPS MAT program?	1. I: There we go. And would you um state your name just so that I can see that it's picking you up? 2. P: ------- 3. I: Beautiful. Okay so I'll state for the record that it's the 24/04/2013 and I'm interviewing -. Okay. Formalities out of the way. Um so my first question um was: why did you involve - in the program? 4. P: Umm, I, I found out about the program through a psychologist that I've been seeing for myself. Um, basically because I've been trying to – -'s got a lot of issues about anger and resentment and everything towards a lot of things. His father's got a pretty bad mental illness and um - has not dealt with that very well. So I'm just trying to involve him in things that will help him understand basically. And help with the anger and yeah so that's pretty much… 5. I: Yeah 6. P: I found out about that and I booked him straight in. 7. I: Great. 8. P: Yeah	4 I found out about the program through a psychologist that I've been seeing for myself 4 I've been trying to – -'s got a lot of issues about anger and resentment and everything towards a lot of things 4 His father's got a pretty bad mental illness and um - has not dealt with that very well. So I'm just trying to involve him in things that will help him understand basically 4 And help with the anger and yeah

APPENDIX S

Parent/Guardian Semi-structure Interview Qualitative Responses Codes and Categories Analysis Table

1. Why did you involve your child in the CHAMPS MAT program?

Category: Referrals/recommendations from external agencies or workers							
1 10 Anglicare.	2 5 I guess we're involved with the DomCare organisation.	3 18 the social worker at school suggested it and he just went 'okay!'. He was really excited about it. 3 25 eventually we got sent to the school social worker and she recommended him. Recommended it to us straight away		5 4 I found out about the program through a psychologist that I've been seeing for myself	6 10 also, um, I um, asked - (ah my case manager) to um, yeah find out about it too		8 4/6 Basically I got a referral, um, a suggestion from my Anglicare family support worker... saying that this was a good program to do for um -

APPENDIX T

Parent/Guardian Participants' Codes and Categories Tables

Category: Why did you involve your child in the CHAMPS MAT program?

1. To fill the need for social and leisure occupations **2. + Interest in martial arts**	• Trying to find new or different activities for the children • Wanted a fun activity • Social interaction • Child interested in martial arts
3. Giving the child support regarding their parent's mental illness	• Guilt over the affect parental mental illness has on children • Better understanding of mental health and peer-support • Respite for the child
4. Helping child to deal with behavioural or self-esteem/inner concerns	• Helping the child to calm down and/or deal with anger • self-esteem and inner strength • Child needs consistency/routine
5. Recommendations from agencies or workers	• Referrals/recommendations from external agencies or workers • Recommendations from FaPMI workers • Not sure what the program would offer
6. Practicalities of the CHAMPS MAT program	• Age of child [the 6 year old child – probably now able to join school-aged programs] • cost of the program (CHAMPS MAT program is less expensive than other martial arts programs) • Close location to the program [suggests that distance is an important aspect of deciding to go or not]

Category: What did you think that your child would gain from coming to the CHAMPS MAT program?

1. Increased self-esteem	• Increased self-esteem

APPENDIX U

Parent/Guardian and child participants' codes and categories tables

CHILD NEEDS	**1. Involvement in interesting social and leisure activities**	• Trying to find new or different activities for the children • Wanted a fun activity • Social interaction • Child interested in martial arts • Previous interest in and/or exposure to martial arts*
	2. Support regarding having a parent with a mental illness	• Better understanding of mental health and peer-support • Respite for the child • Guilt over the affect parental mental illness has on children
	3. Help to self-manage behaviours and emotions & be better able to focus/concentrate	• Helping the child to calm down and/or deal with anger • Child needs consistency/routine • The child's parent wanted them to go*
	4. Opportunities to improve self-esteem	• Self-esteem and inner strength • The child's parent wanted them to go*
PARENT/GUARDIAN NEEDS	**5. Information and support regarding being a parent/guardian with a mental illness** **6. Practical supports/consideration to allow access to programs and services**	• Referrals/recommendations from external agencies or workers • Recommendations from FaPMI workers • Not sure what the program would offer • Recommendation/referral from external agencies* • Age of child [the 6 year old child – probably now able to join school-aged programs] • Cost of the program (CHAMPS MAT program is less expensive than other martial arts programs) • Close location to the program [suggests that distance is an important aspect

*** Child participant responses**

APPENDIX V

CATEGORIES		CODES
1. No, nothing needed to be changed		• No, the parent's didn't think anything should be changed about the program to better help the child gain thing • No • No, can't think of any supports they would have liked or needed • No*
2. Not sure what could be changed		• Don't know what could be changed to allow for that • Every child will respond differently • Unsure/Don't know
3. Having more discussion or training of certain topics/issues	More discussion of social dynamics and structured socialisation (Social dynamics/ child's ability to include themselves in group activities)	• Structured activities from the moment they enter the room • More discussion of how to include everyone in the group
	More discussion of mental illness	• More discussion of mental illness
	More work on anger	• More work on anger
4. Changing the structure of the program and the way it is run	Occupying siblings so they are less distracting for the children	• Having siblings in another room or pre-occupied so they are less distracting • Inclusion of younger siblings
	Having the program at a time that allowed working parents to attend	• Have the program at a time when working parents can attend • Have the CHAMPS MAT program at a later time in the day
	Having the program run for a longer period of time	• Having the CHAMPS MAT program run for a longer period of time • Longer running time for the CHAMPS MAT program
	More locations	• Increased numbers of locations the CHAMPS

		MAT program is held at
	Having a more "serious" or "less fun" environment	• Having a bit more of a "serious" or "less fun" environment*
5. Having CHAMPS MAT program staff have a better understanding about the child's/family's individual circumstances **+ 6. Providing more support for the parent/guardians**		• Having the instructors know more about the child's/family's personal situation, and personalising the program more • Personalising the program more for the parent + more parental peer-support
7. Making families more aware of services/programs available to them		• Earlier knowledge of/ access to the program • Better advertising/awareness of the program (and other services)
8. Having more assistance getting to and from the program		• Taxi or transport assistance

*** Child participant responses**

APPENDIX W

NEED IDENTIFIED	CODES THAT DEMONSTRATE THE NEED*
Needs of the child participants	
1. To address the child's impulse- and self-control issues[f m]	• Issues with impulse- and self-control • Child has "issues" that need to be addressed
2. To receive peer-support and social outlets[f m c]	• Children need peer-support and connection • Need social outlets • Positive engagement
3. To get information about mental illness and access to services[f]	• Information about their situation • Access to services
4. To improve self-esteem[f m]	• Increased self-esteem
5. To have time away from parents[c]	• Respite/time away from their parents
6. To have fun[m c]	• Fun
7. To engage in a challenging activity[m]	• Something that challenges them and gets them out of their comfort zone
Needs of the parent/guardian participants	
1. Support for the parenting role and child's behaviour[f m c]	• support for parenting + child being able to control their behaviour • Parents can learn techniques and lessons from the program
2. Peer-support for parent/ guardians and opportunities for socialising[f]	• Peer-support for the parents + opportunities for socialising
3. Respite for Parents/Guardians[c]	• Respite/break from parenting role
4. Opportunities for Parents/Guardians to engage positively with their child[f m]	• Allowing parents a chance to positively engage with their child • Get their children enjoying and engaged in an activity

* Codes identified in staff participant responses in their semi-structured interviews.

[f] The need was identified by staff from the Families where a parent has a mental illness organisation.

[m] The need was identified by staff from the Martial Arts as Therapy organisation.

[c] The need was identified by staff from the Connections organisation.

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