

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

Ms Anne Fahey

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"The importance of early intervention in mental health is well recognized and a key part of the brief of the Royal Commission. It is our strong belief that early intervention is occurring too late in the life span, that is with adolescents and young adults, where is it effectively early treatment, rather than early intervention. Our argument is that the effectiveness of early intervention is greatly increased if this occurs in infancy and childhood. There is growing evidence that adverse childhood experiences correlate with adult onset mental and physical ill health. The cost to the community of not providing adequate early intervention for infants and children is enormous and is on individual, family and community levels. The potential savings in the mental health system, let alone other systems such as justice, welfare, social and economic participation are equivalent. There is now a large body of evidence that early intervention in early childhood reaps economic and social benefits greatly above the costs. Research by Shonkoff et al (1.) and Heckman (2.) in the USA, has demonstrated the economic benefits of early intervention in infant and child mental health. "

What is already working well and what can be done better to prevent suicide?

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"We are arguing that the lack of early intervention services in infancy and childhood makes it hard for people to experience good mental health. The impact of interventions at this stage of life enhances the mental health of the whole family as well as decreasing the likelihood of adverse mental health outcomes in later life. However, to achieve the benefits of early intervention services must be measurably effective. Many interventions have been tried and often failed, either due to poor design or to lack of ongoing funding. The Centre for Community Child Health found a dearth of research and evaluation into effective early intervention services in Australia and had to look to overseas research to identify the characteristics of effective early intervention services and programs. Their report Acting Early, Changing Lives (3.) found that the effective early intervention services have the following characteristics: targeting high risk or highly disadvantaged children sufficient duration sufficient intensity direct teaching component (including in the home) provided to the children by education professionals starting early"

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"A particular concern in the mental health and wellbeing of vulnerable families. These families are often involved with multiple services such as justice, child protection, mental health and family violence. These families experience high levels of social isolation and lack of connection to support structures. Since the 1970's, it has been recognized that social isolation causes serious health and wellbeing damage, at much cost to the community. The programs listed below all address the isolation of family members by improving their social skills, confidence and competence, lead to greater engagement in the community. Good examples of Australian programs that meet many of the criteria for effective program delivery are the Reading Discovery (4.) and Parent Child Mother Goose (5.) programs. Reading Discovery and Indigenous Reading Discovery are evidence-based family literacy programs for preschool children. Reading Discovery is home-based, and parents are actively involved in sowing the seeds of empathy, compassion and a sense of right and wrong. An evaluation of the initial six months of this program by Deakin University in 2007, found that children's language and social skills improved by nine months developmentally in the six months of the program. The social inclusion of the families also improved significantly, with more visits to health professionals including Mental Health and speech therapy, to play groups, libraries and bookshops. Evaluation of the Olds Nurse Home Visiting Program (6.) in New York targeted to families where the child, for environmental reasons, was at great risk of poor health and developmental outcomes, found that this program resulted in significant reductions in postnatal depression as well as improvements in the experience of parenting, and enhanced maternal infant secure attachment. Providing good quality staff support and skill development is critical to the success of early intervention in infant and child mental health. A Victorian example is the Collaborative Family Practice Project (7.) undertaken by Bendigo Health and the Department of Human Services in Bendigo. This project was developed from research into the mental health issues of parents of children on statutory orders (8.). Based on this research, a service was developed that supported staff in Child Protection and Youth Justice in working with child and adult mental issues. Senior adult mental health and child mental health practitioners were co-located part-time with Protective Services and Youth Justice. This program was evaluated and found to be effective in supporting DHS workers to provide effective interventions in families affected by mental illness. As well, collaboration was streamlined between mental health services and DHS. A similar model of co-location was also run with St. Luke's Youth Services (9.) and involved the co-location of a Child and Adolescent Mental Health consultant, with similar success, resulting in the increase of competency in staff of skills, recognition and knowledge in working with clients experiencing mental health issues. Both programs were effectively discontinued. It proved to be difficult to communicate the effectiveness of these programs to DHHS regional and state staff. despite their evaluation outcomes and much time was spent arguing the case for these programs. A possible explanation is that these programs crossed sectors health, education and Child Protection. Effective intervention in child mental health will always require a multi-sector approach. "

What are the needs of family members and carers and what can be done better to support them?

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"Currently, training and qualifications in mental health are adjuncts or electives in mainstream discipline courses, such as Nursing and Allied Health. Specialisation options and clear career paths are strong attractions to entering the mental health workforce. Career long skills development, promoted, encouraged and expected by employers, does a great deal to attract, and particularly, to retain staff. These elements have been missing in Mental Health for decades."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"The benefits of early intervention in infant and child mental health have been amply demonstrated. There is an evidence-base for effective interventions and yet this remains an under-resourced area in mental health. Beyond lack of understanding of its significance and efficacy by management which tends to be from Adult Mental Health, it is difficult to understand why infant and child mental health continues to languish for want of resources, given the potential for improved mental health across the life span. The Royal Commission must take the opportunities to improve service provision in infant and child mental health and by doing so strengthen the whole mental health system in Victoria. References 1. Shonkoff, J.P. Phillips, A. eds; Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth and Families (2000) 2. Heckman, J.J. (2010) Skill formation and the economics of investing in disadvantaged children Science, 312 (5782) 1900-1902 3. Moore, T.G. and McDonald, M (2013). Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing. Prepared for The Benevolent Society. Parkville, Victoria: Centre for Community Child Health at The Murdoch Children's Research Institute and The Children's Hospital. ISBN: 978-0-9922982-5-8 4. The home-based Reading Discovery program was initially developed by Community Connections Vic for indigenous and non-indigenous families, including refugees. Reading Discovery appears now to be under the auspice of OzChild, and its website (www.ozchild.org.au) only lists the program for indigenous families. 5. Parent-Child Mother Goose Program was developed in Canada (www.nald.ca/mothergooseprogram). Facilitator training is run around Australia by Parent Child Mother Goose Australia Inc. (www.parentchildmothergooseaustralia.org.au). 6. Olds, D L, Henderson Jr, C R, Chamberlin, R, Tatelbaum, R (1986). Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation. Pediatrics, Vol 78, No.1.

Olds Nurse Home Visiting Program is a program of prenatal and infancy home visiting by nurses, first trialled in New York state U S A, in 1986. It has been much replicated internationally, including in Australia. Efforts to replicate results using volunteers instead of trained nurses are reported to have not been successful. 7. Collaborative Practice Project (Dept of Human Services Child Protection and Juvenile Justice and Bendigo Health Care Group Psychiatric Services) Interim Report, May 2005 was undertaken by the Centre for Rural Mental Health, Bendigo Health Care Group. The final report, Collaborative Family Practice Project Evaluation Report, January 2007 was undertaken by the Centre for Rural Mental Health, Bendigo Health Care Group. 8. The original research which led to the Collaborative Practice Project was conducted in 2002 by Dr Rod O'Connor, who was at the School of Public Health and Community Medicine, UNSW. The O'Connor Report, Child

Maltreatment and Parental Mental Health Problems. An investigation into the mental health issues of parents of children on statutory orders Final Report is a Bendigo Health Care Group document. 9. Doing it Together: A Review of Child and Adolescent Mental Health Services Consultancy Positions in St Luke's Youth Services. St Luke's (now Anglicare), October 2003. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

" The improvements in early intervention in infant and child mental health need to be based in strong collaborative and interagency structures. A skilled workforce in child mental health that is accessible across the state and in regional areas, in particular, is needed. Protocols, collaborative work and sharing of resources across sectors is required to support good quality collaborative work in the best interests of children and their families. This is an exciting area of mental health service provision that has the potential to make a real and sustainable difference to the lives of many Victorians. What infant and child mental health needs is committed and strong leadership that can effectively advocate for our most vulnerable Victorians, infants, children and their families at risk of poor mental health."

Is there anything else you would like to share with the Royal Commission?

N/A