Submission to Department of Health and Human Services

Victoria's 10 Year Mental Health Strategy

The Centre for Excellence in Child and Family Welfare
Level 5, 50 Market St
Melbourne, 3000
Contact: (03) 9614 1577

September, 2015

Centre for Excellence
in Child and Family Welfare Inc.

Contents

Recommendations overview

Recommendations for Strategy:

- The Strategy should include an overarching principle of using a trauma informed, child-centred approach, particularly regarding vulnerable families, children and young people
- Review *Because Mental Health Matters* and build its strategy to include recent developments in the mental health context, including the recommendations of the National Mental Health Commission review
- Articulate the role of the government as the system manager of the public Mental Health system
    - Outline measures to achieve accountability and transparency, using VicHealth indicators as tools to measure health and wellbeing
    - Continue the shift away from institutionalisation and hospital-based care and provide additional funding to community health centres

Priority One: Boost prevention measures and focus on early intervention

- Increase investment in preventive and early intervention measures, including engagement and social inclusion programs
- Recognise the value of Early Parenting Centres and Early Learning opportunities as prevention measures and in supporting families and children with mental illness
- Implement universal early learning for children from three years old

Priority Two: Improve access to mental health services for vulnerable families and children

- Improve the response of Family Services to vulnerable families, children and young people experiencing mental illness. This should include providing mental health specialisation within family services to better meet the needs of adults and children with mental health issues
- Implement strategies that encourage the more marginalised and vulnerable to access supports earlier that can prevent them from moving into the more acute end of the mental health spectrum, including vulnerable young people in out-of-home care
- Provide mental health training to all staff (in child and family services?) to improve understanding of the complex and interrelated nature of mental health and disadvantage

Priority Three: Improve integration and coordination of family services to address mental health

- Build on and improve (not reinvent) the established coordinated partnerships within the Child FIRST (Child Protection/Family Services) catchments, and their existing relationships to other sectors
- Support the further development and enhancement of care teams as a crucial multidisciplinary measure
- Implement targeted intervention strategies to address multiple risk factors of vulnerable families

Priority Four: Provide culturally sensitive mental health support to Aboriginal and Torres Strait Islander peoples

- Improve access to mental health services for Aboriginal and Torres Strait Islander Peoples by implementing the recommendations from the National Mental Health Commission
- Fund Aboriginal organisations to improve (expand?) the services they provide to support Aboriginal families, children and young people

Introduction

The Centre for Excellence in Child and Family Welfare (the Centre) is a not-for-profit peak body of the Child and Family Services sector. The Centre and its members share social responsibility with government and the broader community for addressing disadvantage and eliminating vulnerability in Victoria. As the state peak body for child and family welfare, we provide independent analysis, dialogue and cross-sectoral engagement to break down multi-causal factors that perpetuate vulnerability. With our members, our role is to build capacity through research, training and innovation to influence change.

The Centre welcomes the opportunity to contribute to the development of the Victorian Government's 10 year Mental Health Strategy and is pleased to submit its response to the discussion paper on behalf of its 100 members. The quality of the Centre's submission is significantly enhanced by the views and experiences of our members. The Centre has also revisited its consultations from the 2008 *Because Mental Health Matters* strategy development, given that a number of similar issues have been raised. Our response does not address all the sections of the discussion paper; instead, it focusses on key areas of the mental health system that directly affect vulnerable children, young people and families, and presents comments regarding the key priorities and issues of our client group.

The Centre commends the Government for their focus on improving mental health services, particularly for the most marginalised in our society. The Centre notes that Victoria's standing as a leader in the provision of mental health services, particularly for young people, is diminishing. The recent report of the *National Review of Mental Health Programmes and Services* by the National Mental Health Commission has illustrated the fundamental structural shortcomings of our current mental health system. This represents opportunities for the implementation of whole-of-system reforms to build a better integrated, person-centred, flexible and efficient system; one that builds on the expertise of the health sector, the private sector, and the community and social services sectors. However, improving our mental health system requires an understanding of the interrelated, complex and long-term nature of social disadvantage and health.

The Centre believes in the right of every person to live a physically, mentally and emotionally healthy life, and to have access to affordable, high quality healthcare. The Centre notes the importance of child-centred practice and family-inclusive practice in the delivery of mental health services. We also note the need to continue to move away from hospital-based care and further transition to community-based care and primary care services as the preference for mental health care and support. The Centre recognises the crucial need to support the Family Services sector as a key player in the continuum of service delivery for all vulnerable children, young people and families in Victoria.

Key priorities and issues

The Centre's submission centres on four key areas of focus:

Priority One: Boost prevention measures and focus on early intervention

Priority Two: Improve access to mental health services for vulnerable families and children

Priority Three: Improve integration and coordination of services

Priority Four: Provide culturally sensitive mental health support to Aboriginal and Torres Strait Islander peoples

This includes specifically addressing:

- Understanding and addressing the gaps in the mental health system that widen mental health problems
- Ensuring adequate funding for services to meet demand and respond at early stages
- Ensuring the provision of support in the transition from youth to adult services
- Improving our understanding of the needs of vulnerable young people and families and improving access to mental health services to achieve positive mental health outcomes
- Creating holistic and multidisciplinary services that work collaboratively to address multiple risk factors and target marginalised families
- Improving and increasing the scope of trauma-informed practice
- Addressing how we provide culturally sensitive mental health support for Aboriginal and Torres Strait Islander children and families, and those from culturally and linguistically diverse backgrounds

Definitions

It is important to describe what we mean by mental health and wellbeing in the context of this paper:

- Health is viewed as a state of physical, mental, emotional and social wellbeing, not only the absence of disease or illness.
- Mental illness (or mental disorder) is broadly defined as a 'health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning' (Mental Health Foundation of Australia (Victoria), 2015).
- Wellbeing is defined by the World Health Organisation as 'the state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community'.

Context

Many vulnerable children and families, whose lives are often characterised by substance abuse, mental health issues, family violence and homelessness, are trapped in cycles of entrenched intergenerational poverty and social disadvantage. Responses to these issues often remain siloed and divided, but they impact, and are impacted by, poor mental health. Vulnerable families and children are frequently excluded from and lack access to mainstream universal services and experience poorer health outcomes than the general population. The Child and Family Services sector plays a fundamental role in addressing these issues and providing support for vulnerable children and families.

It is important to contextualise mental health issues and this paper within an understanding of the social determinants of health and the interrelated and complex nature of disadvantage. Although many individuals can make choices about their health behaviours,

the social and economic conditions in which people live have a far greater influence on their health (VicHealth, 2011, p. 4).

Established social and economic determinants of health include:

- Social inclusion and connections
- Educational attainment
- Income and employment opportunities
- Housing
- Land, culture and identity

VicHealth further identifies specific determinants of mental health, which are:

- social inclusion;
- freedom from discrimination and violence; and
- access to economic resources.

Many consumers of mental health services are experiencing compounding disadvantage, which refers to the experience of multiple risk factors (homelessness, family violence, social exclusion) which all affect a person's capacity to maintain good physical, emotional and mental wellbeing. These issues can cause and be compounded by social exclusion, which can also prevent individuals from accessing support to address risk factors. It is therefore essential to ensure individuals dealing with mental health problems are not further excluded from the community, but instead can get back to work, complete an education, and be involved in recreation, sport, cultural activity and other aspects of community life, with all of this underpinned by access to affordable, secure housing. Including the social determinants of mental health in the discussion recognises the importance of factors outside the mental health service system in achieving desired mental health outcomes.

The Discussion Paper

- Lacks a focus on youth
  The Centre notes that the Government's discussion paper omits any mention of 'youth' as a category of focus. This is significant given that the years from ages 18 to 25 represent a significant developmental stage for young people in their transition to adulthood; 50 per cent of people who develop a psychotic disorder will do so by the time they are in their early 20s, and the greatest risk of onset of eating disorders is in adolescence and young adulthood. The technical paper on the *Mental health and wellbeing of young people aged 12-25* provides an overview of the issues facing young people; however the purpose of the technical paper is unclear and does not seem to have informed the discussion paper. The fact that this group is not mentioned in the discussion paper begs the question of how they will be included in the development of the final mental health strategy.
- Lacks measurables and an articulation of government's role as system manager
  The Government should identify and clearly articulate what their role will be as the managing body of the system, or how responsibilities will be shared or aligned between federal and state governments. There are no clear indicators or guidelines for how the government will achieve or measure accountability and transparency, nor are there

short-term action plans to accompany the long-term strategy. Additionally, what mechanisms will measure who misses out on programs in the new strategy? Accountability measures can ensure groups of vulnerable people, such as those that are homeless, in the justice system, or child protection system, do not fall through the gaps. The Centre advocates implementing a Research and Evaluation Framework alongside the strategy. The Government also needs to communicate how the 10 year Mental Health Strategy will coordinate with other governmental departments and programs, such as the Early Childhood reforms and Education State programs.

- Lacks detail on delivery
  The Centre congratulates the Government for its aspirations to 'be bold' in its endeavours, but it is unclear how the government will do this. There is a focus on broad social elements but it is not clear how the discussion paper translates through to service delivery and what aspects of the mental health system will be reformed or redesigned. What body will drive the implementation of the strategy? The Centre supports sector calls for a 'Victorian Mental Health Commission' or similar body.

Because Mental Health Matters

The Centres notes in its consultations the continued cross-sector support for the Victorian Government's 2008-9 Strategy: *Because Mental Health Matters (BMHM),* which was discarded in 2010 with the formation of the new government. A number of people highlighted the broad consultation engaged in the creation of BMHM, the extensive effort that went into its creation and the subsequent detail and depth of the final report. Participants in the consultations asserted that BMHM outlined specific strategic directions for the future of Victoria's mental health system as well as the Government's role as system manager, which were and still are strongly supported by the sector. The sector advocates for a review of the BMHM strategy and a need to implement the recommendations within it.

Key areas of focus

Priority One: Improve prevention and early intervention measures

There is a strong need for recognition of and responsibility by the Mental Health sector of both the high incidence of mental health within Family Services and the important function Family Services is performing to support affected people to participate more fully in the community - a key component of the Discussion Paper. This work by Family Services is happening at all points of the mental health continuum – early in life, early in illness, early in episode – and inclusive of early intervention *and complex care* contexts.

Family Services must be acknowledged as playing a key role in preventive and early intervention measures. The Centre recognises the need for further investment in improving and developing innovative prevention and early intervention measures, particularly in response to the recent report from the Victoria Auditor General's Office which illustrated the inadequacies of our current early intervention system. Investments of time and money in the early years have been shown to be far more cost-effective than investments made at any other time (Heckman & Masterov, 2004; Keatsdale Pty Ltd., 2003). The National Mental Health Commission (2014) in its recent *National Review of Mental Health Programmes and Services* also argues for the reallocation of funding from crisis-response services to early intervention and prevention measures. This was also strongly argued for by consultation participants, who experience services being unable to meet demand or respond early to consumers before their issues become acute. It is beneficial and more cost-effective if universal services and prevention services are improved to prevent the high demand at the tertiary level and to allow tertiary services to instead concentrate on targeting those most in need.

Social inclusion

Child and Family Services play a key role in building community resilience and social inclusion, which is a preventive measure for poor mental health. Social isolation can cause and compound mental health problems. VicHealth asserts that "Young people reporting poor social connectedness (that is, having no-one to talk to, no-one to trust, no-one to depend on, and no-one who knows them well) are between two and three times more likely to experience depressive symptoms compared with peers who reported the availability of more confiding relationships" (Glover, et al., 1998). While not specifically concentrating on addressing mental health, Child and Family Services address the impacts of mental health problems: on children, including their safety, stability and development; on the child-parent relationship; on parenting capacity; and for social connectedness. These roles should be regarded as a solid foundation for the future directions and service system enhancements for mental health and wellbeing in Victoria with respect to children and families.

Child and Family Services deliver a range of programs that aim to build social connectedness. One such program is the School Refusal Program, which works with schools to identify children who experience difficulty attending school, with no apparent physical causes. These programs adopt place-based, child-centred and family inclusive practice to wrap services around the child. Organisations work with the school, family members and the child to address the underlying reasons for the child's fear of school and to develop a Return to School Plan. These programs have been very successful, and prevent

the social exclusion of young people which can have negative and long-lasting mental health effects.

Access to Education and Early Learning and Early Parenting Centres

Analyses show that children from vulnerable and disadvantaged families are the most likely to miss out on early learning opportunities (Baxter & Hand, 2013). Research also shows that participating in a quality early childhood education programme can significantly increase positive educational and life outcomes for children, especially those from more disadvantaged backgrounds. Early parenting centres play a crucial role in supporting families and children through the early stages of their lives and are fundamental in identifying mental health issues in parents and children. Playgroups, and programs like Cradle to Kinder, significantly enhance engagement between communities and families, and from the perspective of looking at 'the whole child' they provide holistic support services for families, yet are not recognised as core mental health services. Cuts to the National Perinatal Depression Initiative will reduce the capacity of early parenting centres to support mothers and families.

The Centre acknowledges the key roles primary and secondary schools play in early identification of mental health issues of children and parents, and calls for recognition of the value of early learning and education spaces as part of prevention and early intervention measures. The Centre advocates for greater engagement between the Early Childhood, Schools and Family Services sectors as part of innovative prevention and early intervention processes. Although the Federal government funds a universal access initiative aims to improve participation in quality early childhood education for all Australian children in the year before they start school, many families miss out on these services due to socioeconomic status or financial reasons, distance, lack of inclusion for culturally and linguistically diverse families, or lack of culturally sensitive programs for Aboriginal families.

Financial circumstance should never be a barrier to vulnerable or potentially vulnerable children accessing early learning services. Vulnerable families and children must be provided with early and holistic supports that centre on the needs of the child and family and prevent their entrance into the secondary and tertiary care systems. Research shows that access to quality early learning can reduce vulnerability by identifying problems early and working on solutions, and investment in early learning is therefore far more cost-effective than investment in tertiary services. The coordination and collaboration of family support workers, educators, and other practitioners in early learning systems are crucial to prevention measures, especially programs that specifically target vulnerable families given that they often lack access to early learning services, either because of financial, health, or socio-economic disadvantage. The Centre supports the cross-sector calls for culturally appropriate universal early learning for children from three years old, with targeted programs for vulnerable families and children.

The Centre also supports early childhood sector calls to transition to an integrated tiered system, which centres on high quality classroom instruction, tiered instruction and intervention, ongoing student assessment/progress monitoring, and family involvement. The Centre for Community Child Health outlines this approach as differing from the current system in a number of key ways:

- "It can respond to emerging problems and conditions, rather than waiting until problems become so entrenched and severe that they are finally eligible for service.

- It focuses on targeting problems as they emerge through the secondary and tertiary layers, rather than people as risk categories, thus avoiding unnecessary stigmatising.
- It aims to drive expertise down to universal and secondary services, strengthening their capacity to deliver prevention and early intervention strategies for 'at-risk' families and children" (Centre for Community Child Health, 2010, p. 116)

What is needed are the funding resources to support early intervention/prevention models that work well, as well as providing a much-needed emphasis on service delivery to the most vulnerable. Early Parenting Centres and programs such as the piloting Access to Early Learning Program are effective and critical to supporting vulnerable families and children; the Centre advocates that they must be further funded and supported to extend the work they are already doing in this space.

Recommendations:

- Increase investment in preventive and early intervention measures, including engagement and social inclusion programs
- Recognise the value of Early Parenting Centres and Early Learning opportunities as prevention measures and in supporting families and children with mental illness
- Implement universal early learning for children from three years old

Priority Two: Improve access to mental health services

Vulnerable families

The Centre for Excellence strongly reinforces any initiatives to widen the gateways into mental health services. Parental mental illness places families at a greater risk of experiencing physical, emotional and financial problems. A common impediment to Family Services' work with families experiencing mental health problems is the inability to access timely mental health services and the conjoint issue of inadequate relapse planning to ensure ready access back into acute services at times of crisis. Family Services staff report experiences of considerable distress in watching the negative consequences for children – exposure to paranoia and hallucinations, disruptions to routines, discontinuity in education, homelessness and more – through slow or inadequate responses to a parent's mental health (CFECFW, 2008). The mental health system is currently reactionary and crisis driven rather than a system that responds to and deals appropriately with chronic mental health issues.

To address these issues, the Centre calls for funding from Mental Health for respite care options for children of parents suffering a mental illness. The Centre also supports specialisation within family services to better meet the needs of parents and children with mental health issues, and not the development of a family services component within mental health services. Specialist roles need to have a professional who is experienced in both adult mental health and child and family welfare and who is trained in the early identification of risk factors to children/young people (CFECFW, 2008). It is important that services are available for children and youth, not just for parents.

Furthermore, the implementation of the Children, Youth and Families Act 2005 has an expectation that referrals and outreach between Family Services and Mental Health are integral to effective service delivery. However, there is no mandated requirement in the Act for trained and resourced mental health workers to operate in the Family Services context

with vulnerable children and families. This needs to be rectified, with the necessary mandating occurring urgently. This role in referral facilitation and coordination has been a key component of the success of the Community Based Child Protection (CBCP) role with Family Services.

Many vulnerable children, young people and families are unlikely to access mainstream services, so strategies need to be supported that encourage the more marginalised and vulnerable to access supports that may prevent them from moving into the more acute end of the mental health spectrum. The need for specialist and outreach responses for the hard-to-reach vulnerable children and families must also be a part of the continuum of funding.

Children and young people in out-of-home care

Meeting the needs of children and young people in out-of-home care is a primary focus of the Centre's submission. Children and young people in out-of-home care are one of the most vulnerable groups in our society and experience poorer outcomes than the general population in almost every part of life, including education, health, and social connectedness. Children and young people in out-of-home care are at higher risk of poor mental health due to the harmful and traumatising experiences they have had with their birth parents and/or during their time in out-of-home-care. A Victorian study of child protection clients in out of home care found 60 per cent of respondents had a major psychiatric diagnosis, including post-traumatic stress disorder and adjustment disorders (Milburn, et al., 2008). The incidence of poor mental health was four times the Australian national average for children and young people. Anglicare's 2015 Children in Care Report Card shows:

> A far higher proportion of children and young people in care exhibit significant levels of emotional and behavioural difficulties (41.2%) than their community-based peers (18%). This is further reflected in the fact that over 50% of children and young people in care have accessed mental health services and/or professionals, compared to only 2.9% of children and young people in the broader community (Anglicare VIC, 2015).

Many challenges were raised by the sector during our consultations, regarding the mental health of children and young people in care. One such issue was regarding access to timely mental health interventions and support of children and young people in out-of-home care. The majority of young people in out-of-home care experience some degree of mental illness, most often including anxiety disorders, attachment disorders, and conduct disorders, yet despite the alarming and recognised impacts of these disorders on young people, none of them are classified as disabilities. This has been identified as a serious barrier for vulnerable young people to accessing mental health services, particularly given that with the roll out of the NDIS, many mental health needs will not be included in its scope, leaving children and young people susceptible to falling through the gaps. Other challenges for young people in out of home care include:

- Children and young people in care have difficulty accessing mental health services apart from counselling, such as psychiatric or psychological services (nominally due to affordability and having to ask DHHS for funds)
- Headspace services are overstretched
- Children and young people in care often require more sessions than the GP mental health plan covers

- Voluntary services make it difficult to treat young people who are reluctant to engage with mental health service providers, and there is a lack of outreach services for young people in care
- Young people face difficult processes when transitioning from youth services to adult services
- Isolation from services in rural areas
- There is a lack of consistency within regions, changing of hospitals can mean changing of whole health teams and case management, which can be re-traumatising for young people if they have to re-tell their stories and experiences
- Young people experience serious challenges if they suffer from dual-diagnosis of mental health problems and drug and alcohol abuse problems because they get pushed back and forth between professionals who think it's not their problem.

These issues are unacceptable and children and young people in out-of-home care deserve better mental health care than they currently receive. In response to these challenging issues, a range of solutions were also raised. They include:

- Training *all* staff in mental health to prevent fragmentation of service delivery
- More education for home-based care givers in understanding mental health and recognising triggers for mental illness in children and young people
- A key focus on trauma-informed, child-centred practice
- More holistic education for residential care workers (particularly given the recent report into sexual exploitation and abuse of children and young people in residential care units) and greater training in mental health and trauma
- All drug and alcohol practitioners should have training in mental health to prevent fragmentation in service delivery
- Needs to be multiple access points and seamless transition between services

More needs to be done to understand the best ways to develop these solutions and support children and young people in care as a priority group. We must consistently and continually strive to give them high quality support and care to have the best opportunities they can to succeed throughout life and as contributing members of the community.

Recommendations:

- Improve the response of Family Services to vulnerable families, children and young people experiencing mental illness. This should include providing mental health specialisation within family services to better meet the needs of adults and children with mental health issues
- Implement strategies that encourage the more marginalised and vulnerable to access supports earlier that can prevent them from moving into the more acute end of the mental health spectrum, including vulnerable young people in out-of-home care
- Provide mental health training to all staff (in child and family services?) to improve understanding of the complex and interrelated nature of mental health and disadvantage

Priority Three: Improve integration and coordination of services

At present the mental health service system is fragmented and extremely difficult for outsiders to navigate (this includes families and professionals). Infant, child and adolescent and adult mental health systems currently operate as three discrete service systems. They may have different geographic areas of responsibility, hierarchy and outlets. Much of Victoria's capacity for integration and co-location was lost in the recommissioning process, and many community health services that operated as 'hub' models lost their capacity to provide multi-disciplinary services.

Care teams

Consistent with practices developed within the Family Support Innovations Projects, the Centre supports care teams as a means for coordinating and integrating the efforts of the multitude of professionals that can be involved in assisting children and families where there is mental illness. The number of people involved in the lives of children and families needs to be minimised, and support from all others targeted to engaging the child and family with a carer or organisation that can develop a plan for stability and improvement and provide a longer term flexible commitment. Family services are well placed to, and already do, provide this service. It is also important to acknowledge, however, that the coordination and communication within care teams can be improved and further consideration is required of how care teams can coordinate more effectively to meet the needs of children, young people and families experiencing mental illness.

With respect to child and family work, the Centre strongly advocates that Mental Health builds on and improves (not reinvents) the established coordinated partnerships within the Child FIRST (Child Protection/Family Services) catchments, and their existing relationships to other sectors.

Multiple risk factors

The presence of multiple risk factors among vulnerable families, children and youth can cause or be exacerbated by mental illness, and requires a coordinated approach from service providers. In identifying risk factors across jurisdictions in Australia, the National Children's Commissioner told the Senate Community Affairs References Committee (2015, p. 64) that 'the three main drivers for kids coming into care—and often they appear together—are: domestic violence, substance abuse and mental health issues…Those factors account for 80 to 90 per cent of all cases'. More specifically, the dual diagnosis of drug and alcohol (DAA) issues and mental illness was continually highlighted as a serious example of where the mental health system fails its consumers. Stories of consumers being pushed back and forth between DAA services and mental health services abound, because mental health providers see the person as suffering from a drug and alcohol problem and vice versa. The coordination of these services is crucial and the Centre advocates for a tailored intervention approach to families with multiple and complex needs. Mental health training is also necessary for all staff to improve their understanding of the complex and interrelated nature of these issues.

Modes of intervention

The style of practice and *models of intervention* inherent to the Family Service sector in relation to children, young people and adults experiencing mental health problems are entirely consistent with the future direction for social support and participation, including the

focus on psychosocial services, needs assessment, multi-disciplinary care teams and cross sector collaborations as advocated by current research (CFECFW, 2008). Family Services is already a lead example of how to work in these ways to improve the life experiences and social inclusion of families experiencing mental health problems; however more must be done to ensure family services can provide the best support possible, including mental health training, more funding to better meet demand, and greater collaboration.

We strongly advocate for a focus on the needs of the child, together with significant investment in early intervention models of service delivery. There needs to be a reconcentration on ensuring the voices of children and young people are heard, whether suffering mental health problems themselves or as children of parents with a mental illness. We call for a specific service response for the needs of children and young people, one that is:

- targeted, effective and timely;
- seamless, including multiple access points and assistance through services;
- flexible and outcome focused rather than time focused;
- encourages evidence-based innovative practice and build on the existing Family Service capacity to deliver services of this kind.

The Centre envisions a system of holistic and multidisciplinary services that work collaboratively to address multiple risk factors and target marginalised families and children through place-based, child-centred initiatives.

Recommendations:

- Build on and improve (not reinvent) the established coordinated partnerships within the Child FIRST (Child Protection/Family Services) catchments, and their existing relationships to other sectors
- Support the further development and enhancement of care teams as a crucial multidisciplinary measure
- Implement targeted intervention strategies to address multiple risk factors of vulnerable families

Priority Four: Ensuring access and the provision of culturally sensitive mental health services to ATSI peoples

The mental health gap between Aboriginal and non-Aboriginal people is unacceptable. Mental illness is estimated to contribute to 15 per cent of health issues experienced by Aboriginal Australians, and approximately twice as many Aboriginal Australians suffer high or very high levels of psychological distress compared with non-Aboriginal Australians (VicHealth, 2011). The Centre supports the recommendations of the National Mental Health Commission's *National Review of Mental Health Programmes and Services* being implemented in Victoria, given the extensive efforts of their review to identify and address the challenges in the mental health system facing Aboriginal Australians. In summary, the key issues they identified are:

- There is a significant mental health gap between Aboriginal and non-Aboriginal people, with Aboriginal people experiencing worse outcomes
- ATSI peoples have greater need, but less access to mental health services

- Services and programmes designed for general population are not culturally appropriate within the broader context of social and emotional wellbeing as understood by ATSI peoples
- Services do not ensure a connected transition through the mental health system for ATSI peoples

The Centre supports and advocates for the Commission's recommendations, notably the following:

- Making the mental health of Aboriginal and Torres Strait Islander peoples a priority which is included in the COAG Closing the Gap targets.
- Integrated 'Mental Health and Social and Emotional Wellbeing (SEWB) Teams' in primary care organisations, and in Aboriginal Community Controlled Health Services (ACCHOs)
- Implementing culturally responsive and accountable mainstream services
- Increasing the Aboriginal and Torres Strait Islander mental health workforce

The Centre supports these recommendations and also acknowledges additional key factors. As the Mental Health Commission has noted, the SEWB teams must be provided as part of the universal mental health system and in ACCHOs, and must be integrated with mainstream mental health services. It also needs to have strong links to other community services to provide a targeted and holistic response to multiple needs.

The Centre ultimately advocates for a key focus on ensuring that Aboriginal community health organisations are adequately funded and serviced to meet the needs of Aboriginal and Torres Strait Islander people. Access to and journey through the mental health system needs to be seamless and must provide targeted and timely support that addresses the multiple and complex needs of vulnerable Aboriginal children, young people and families.

Recommendations:

- Improve access to mental health services for Aboriginal and Torres Strait Islander Peoples by implementing the recommendations from the National Mental Health Commission
- Fund Aboriginal organisations to improve (expand?) the services they provide to support Aboriginal families, children and young people

Recommendations

Recommendations for Strategy:

- The Strategy should include an overarching principle of using a trauma informed, child-centred approach, particularly regarding vulnerable families, children and young people
- Review *Because Mental Health Matters* and build its strategy to include recent developments in the mental health context, including the recommendations of the National Mental Health Commission review
- Articulate the role of the government as the system manager of the public Mental Health system
    - Outline measures to achieve accountability and transparency, using VicHealth indicators as tools to measure health and wellbeing
    - Continue shift away from institutionalisation and hospital-based care and provide additional funding to community health centres

Priority One: Boost prevention measures and focus on early intervention

- Increase investment in preventive and early intervention measures, including engagement and social inclusion programs
- Recognise value of Early Parenting Centres and Early Learning opportunities as prevention measures and in supporting families and children with mental illness
- Implement universal early learning for children from three years old

Priority Two: Improve access to mental health services for vulnerable families and children

- Improve the response of Family Services to vulnerable families, children and young people experiencing mental illness. This should include providing mental health specialisation within family services to better meet the needs of adults and children with mental health issues
- Implement strategies that encourage the more marginalised and vulnerable to access supports earlier that can prevent them from moving into the more acute end of the mental health spectrum, including vulnerable young people in out-of-home care
- Provide mental health training to all staff to improve understanding of the complex and interrelated nature of mental health and disadvantage

Priority Three: Improve integration and coordination of family services to address mental health

- Build on and improve (not reinvents) the established coordinated partnerships within the Child FIRST (Child Protection/Family Services) catchments, and their existing relationships to other sectors
- Support the further development and enhancement of care teams as a crucial multidisciplinary measure
- Implement targeted intervention strategies to address multiple risk factors of vulnerable families

Priority Four: Provide culturally sensitive mental health support to Aboriginal and Torres Strait Islander peoples

- Improve access to mental health services for Aboriginal and Torres Strait Islander Peoples by implementing the recommendations from the National Mental Health Commission
- Fund Aboriginal organisations to improve the services they provide to support Aboriginal families, children and young people

Works Cited

Anglicare VIC, 2015. *Children in Care Report Card No. 3,* Melbourne: Anglicare VIC.

Baxter, J. & Hand, K., 2013. *Access to Early Childhood Education in Australia,* Canberra: Australian Institute of Family Studies.

Centre for Community Child Health, 2010. *Early childhood intervention reform project,* melbourne: Murdoch Childrens Research Institute.

CFECFW, 2008. *Submission to 'Because Mental Health Matters',* Melbourne: The Centre for Excellence in Child and Family Welfare.

Glover, S., Burns, J., Butler, H. & Patton, G., 1998. Social Environs and the Emotional Wellbeing of Young People. *Family Matters,* Issue 49.

Heckman, J. & Masterov, D., 2004. *The productivity argument for investing in young children. Working paper 5, Invest in Kids Working Group,* Washington, DC: Committee for Economic Development.

Keatsdale Pty Ltd., 2003. *Report into the cost of child abuse and neglect in Australia.,* Albion: Kids First Foundation..

Mental Health Foundation of Australia (Victoria), 2015. *Mental Health Explained.* [Online]
Available at: http://www.mentalhealthvic.org.au/index.php?id=132
[Accessed 8 September 2015].

Milburn, N., Lynch, M. & Jackson, J., 2008. Early identification of mental health needs of children in care: a therapeutic assessment programme for statutory clients of child protection. *Clinical Child Psychology and Psychiatry,* 13(1), pp. 31-47.

National Mental Health Commission, 2014. *The National Review of Mental Health Programmes and Services,* Sydney: National Mental Heatlh Commission.

VicHealth, 2011. *Aboriginal Health in Victoria: research summary,* Melbourne: Victorian Health Promotion Foundation.