



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Agenda for Children and Young People

Consultation Paper



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT appreciates the opportunity to provide comments on the consultation paper for the Agenda for Children and Young People circulated by the Community Development Division of the Department of Premier and Cabinet under the guidance of Lin Thorp MLC, Minister for Children.

In general terms, it is difficult to find grounds to object to this suite of policy proposals. The integration of government services has been a focus of public administration reform for some time now and the MHCT gives it in principal endorsement because of the efficiencies it makes possible and because of its potential to deliver services more effectively.

A ministerial focus on children and young people in Tasmania appears to be a sensible means of tackling some of the entrenched disadvantage that has stopped our State from moving forward as well as consolidating on our performance in the areas in which we are doing well. We are encouraged by the research that shows that, for every dollar invested in early-years programs, a return of twelve dollars in savings is made. Co-locating and co-administering key health and education services offers great advantages into the future so long as clients can be attracted to the new facilities. Stigmatisation could be an issue here given that the initial focus for the Child and Family Centres in particular, is on disadvantaged areas. We anticipate that considerable work may need to be done to encourage disenfranchised and disengaged citizens to make use of the new services. It seems possible that a defensive reaction to the new centres could see potential clients questioning the motives of a government intent on 'correcting' errors in their parenting practices. Equally however, this may not be an issue if local communities are well-consulted and stakeholder engagement is broad and thorough. From a mental health perspective, it's vital that the mix of services being offered by the children and family centres include specialist educational, counselling and/or psychological support. The destigmatisation campaign that we outlined in our Budget Priority Statement could certainly be put into action in the new centres.¹

The dual focus of the centres on families *and* children provides a real opportunity to address and amend the disquieting reality that 16 percent of new adult clients receiving care from Mental Health Services have a child living with them at home. The key point here is that *adult* mental health also impacts on the mental health of Tasmania's children and young people. The Child and Family Centres seem to offer an exciting opportunity for finding ways to engage with the *relational* mental health issues of families that are struggling to cope with the psychological pressures of contemporary life.

¹ The MHCT recommends an adequately funded destigmatisation campaign based on the premise that reducing stigma will also positively influence suicide issues in the state. The Queensland government has recently committed \$8.2 million over four years for such a campaign. The MHCT believe that \$500,000 and support from the Social Inclusion Unit (DPAC) would be an appropriate allocation in Tasmania. Evidence suggests that local content is essential to the success of destigmatisation projects. See MHCT, 2010, Budget Priority Statement, p. 7.

The MHCT has a particular interest in a number of areas in which Tasmania's young people are suffering disadvantage and appreciates the provision of comprehensive data with the consultation paper. We are pleased to note, for instance, that a high percentage of children with a severe disability are able to access early intervention services. We hope that this figure includes children with mental health and/or behavioural issues. Other jurisdictions in Australia include psychiatric disability in their general disability policy definitions and initiatives. We have reservations about this terminology (psychiatric disability) but believe that the conditions to which it refers should be considered disabilities and should be included in any relevant policy perspectives and practices.

Obviously, we are frustrated and upset that Tasmanian children continue to struggle in a number of other areas. Our high suicide rates are intolerable, the relative youthfulness of our homeless population is unacceptable and far too many children did poorly on the 2009 Tasmanian Child Health and Wellbeing Survey.

Given these challenges, the MHCT provides in-principal support to the framework for change outlined in the consultation paper. We are particularly encouraged by the proposed commitment to more consumer-focussed service delivery models. The focus on the *wellbeing* of Tasmania's children and young people must have a mental health focus and *early intervention and prevention* approaches are particularly important. As the following research shows, the efficacy of acting early to treat mental health issues is championed by a number of important players in the sector.

Research indicates that when children experience abuse and/or neglect it can lead to prolonged mental health issues. A study by the National Research Council during 2009 found child maltreatment often resulted in delayed physical growth; neurological damage; and mental, emotional and psychological problems, such as depression, substance abuse, eating disorders, violent behaviour, and post traumatic stress disorder – all of which may impede development to adulthood.²

Similarly, Kendall-Tackett and Giacomini (2003) found that children experiencing maltreatment struggle with mental health problems, risk taking behaviour, social disadvantage, and physical health problems.³

Finally, a study conducted by the Victorian Institute of Forensic Mental Health during 2004 found that childhood mental disorders were the second most frequently recorded diagnostic category on the Victorian Psychiatric Case Register for both males and females in child sexual abuse cohort. Anxiety disorders and acute stress reactions were the most frequently recorded diagnostic category among victims of child sexual abuse.⁴

The MHCT would also like to draw the Minister's attention to the Fourth National Mental Health Plan 2009 – 2014⁵. In priority area two, the plan focuses on prevention and early intervention. The proposed actions are:-

- Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations

² National Research Council and the Institute of Medicine, 2009, *Preventing mental, emotional and behavioural disorders among young people: Progress and possibilities*. Washington, DC: National Research Council and the Institute of Medicine of the National Academies.

³ Kendall-Tackett, K., & Giacomini, S. M. (Eds), 2003, *Treating the lifetime health effects of childhood victimization*. Kingston, NJ: Civic Research Institute.

⁴ Spartaro, J. & Mullen, P., 2004, Victorian Institute of Forensic Mental Health, Monash University, *Child Sexual Abuse & Childhood Mental Disorders*, *British Journal of Psychiatry*, 184: pp416-421

⁵ Commonwealth of Australia, *Fourth National Mental Health Plan 2009-2014*

- Provide education about mental health and suicide prevention to frontline workers in emergency, welfare and associated sectors
- Expand the level and range of support for families and carers of people with a mental illness and mental health problems, including children of parents with a mental illness
- Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma

The MHCT is convinced that these proposed actions must be considered and integrated into any policy and service development progressed under the rubric of an Agenda for Children and Young People.

The MHCT is also pleased that the Agenda pays close attention to the Statewide and Mental Health Services, Department of Health and Human Services document "*Building the Foundations for Mental Health and Wellbeing*" released in 2009.⁶ We are cautiously optimistic that the new agenda for children and young people will build actively on the work done in the *Foundations* document.

"*Building the Foundations*" is a strategic framework and action plan for implementing promotion, prevention and early intervention. The framework outlines five priority areas; with priority three focusing on the investment in the early years and families. This priority addresses the foundation of 'building support for mental health and wellbeing in families', through strengthening family relationships, enhancing parenting skills and establishing strong parent/child attachment in the early years. The evidence is clear that investment as early as possible in the developmental cycle will have the most significant impact on mental health and well being.

The policy document outlines strategies which the MHCT would urge the Minister to continue to progress. The first is to support the development of positive parenting skills. This would be achieved through providing a high level of support to parents of children at risk, particularly parents identified through child protection agencies, corrective services, alcohol and other drug agencies, and parents with a mental illness.

The second is to investigate opportunities for mental health promotion in early childhood settings. This would be achieved through bringing together key stakeholders from the childcare and early childhood education sectors to identify priorities and develop an action plan for improving children's mental health and well being in these settings.

We are pleased that four important policy actions from *Foundations* appear in the Agenda consultation paper including 'the development of an action plan to improve children's mental health and wellbeing in early childhood and childcare settings'. The absence of explicit reference to 'supporting the development of positive parenting skills' in the section of the Agenda paper entitled 'Promoting Positive Child Behaviour and Mental Health' is less satisfactory. We are aware that this action is dealt with elsewhere, but urge the Minister to take special account of the role of parenting in regard to the mental health of children and young people in Tasmania.

The MHCT would also like to draw the Minister's attention to the ten year plan released in Vancouver, British Columbia on 1 November 2010 to address mental health and substance abuse with a focus on prevention of problems, early intervention, treatment and sustainability. *Healthy Minds, Healthy People*⁷ places a strong emphasis on children and families, based on research that shows that early engagement and access to targeted supports can prevent or reduce mental illness and substance use problems later in life.

⁶ http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

⁷ www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

The link between mental illness and suicide is now well documented.⁸ As such, a large number of measures designed to improve mental health in a community can also be seen as indirectly working to reduce suicidal ideation, attempted suicide and suicide itself. Our support for promotion, prevention and early intervention also applies in this regard. As such, we think it vital that the Minister and the dedicated high level unit proposed in the paper build and/or maintain strong links with the Australian Government's *KidsMatter* program which has recently received additional funding of \$18.4 million allowing 1,700 additional primary schools nationwide to promote good mental health and improve children's resilience. We are also pleased that children with mental health and developmental issues will receive additional services through a \$21.6 million boost to funding for the Access to Allied Psychological Services initiative. We also hope that the new \$60 million funding round under the National Suicide Prevention Program for community-led, grass roots suicide prevention activities will make provisions for tackling youth suicide given the relatively young average age of Tasmanians who are at risk of suicide and self-harm.

Tasmania's first Suicide Prevention Strategy was launched by Minister Michelle O'Byrne on 10 December 2010. The Strategy includes funding for a number of new initiatives across both government and community sector organisations including regionally based peer support workers and a project officer to work with the GLBTI (Gay, Lesbian, Bisexual, Transgender and Intersex) community. It commits the government to the delivery of vital training to emergency and frontline workers and the broader community. It aims to build a critical mass of community members who are suicide and mental health aware and strengthens the acute inpatient and community mental health services to better support people recently discharged from inpatient care. The MHCT endorses the Suicide Prevention Strategy and recommends that its clear points of intersection with the Agenda for Children and Young People be recognised and responded to as the Agenda takes shape over time.

The MHCT notes the government's continuing endorsement and support for the Kids Come First Outcomes Framework. We agree that the Outcomes Framework is a very useful document but we also think that it requires further development to include indicators of mental health and homelessness. It may be a cliché in public administration to say that what is measured gets addressed, but in this case, we think it an appropriate principle to apply to troubling and intransigent social problems like the relationship between mental health and homelessness among our children and young people.

The policy focus of the Agenda for Children and Young People is broad, comprehensive and ambitious. Not unexpectedly, we have a particular interest in item 4 of the agenda: "Promoting Positive Child Behaviour and Mental Health".

The relevant data included in the consultation paper presents a mixed picture. It seems unlikely that any set of government programs will ever *drastically* reduce rates of mental illness and suicide in any given population. Even so, all stakeholders should be doing their utmost to *reduce* current rates even marginally because every life saved is a significant victory. The MHCT believes that the Agenda should articulate some clear mental illness/suicide prevention goals, endeavouring to ensure, for instance, that less than 1 in 4 young people experience a mental illness in any given year. To this end, some defined benchmarks might be useful as a means to focus efforts.

Given the concentration of suicide in regional/rural/remote areas, the MHCT agrees that Government should work more closely with organisations like Headspace and Rural Alive and Well that have the local skills and knowledge to deal with mental health issues and suicide prevention at the regional/rural/remote coal-face. Rural Alive and Well is a not-for-profit organisation active in the

⁸ For example, studies have estimated that the rate of suicide in people with a mental illness following discharge from inpatient psychiatric treatment could be over 200 times the rate of death by suicide in the general population. Community Affairs References Committee, "The Hidden Toll: Suicide in Australia", June 2010, p.40.

Central Highlands, Southern Midlands and Glamorgan-Spring Bay LGAs that aims to help build the resilience and capacity of individuals, families and the community to react to challenging life experiences including mental health issues with a specific focus on suicide prevention. Local organisations like Headspace and Rural Alive and Well could give Government the place-specific levers it needs to address rural and regional mental health issues where they are most painfully felt. We also wish to endorse the State Wide and Mental Health Services Suicide Prevention Strategy and hope that it can achieve positive results for our children and young people.

Our support for prevention and early intervention is based in part on the belief that our young people need to be reached long before suicidal ideation arises or becomes persistent. A key part of stopping a mental health issue in its tracks is the removal of stigma that surrounds the open discussion of emotional or psychological issues or problems. If our children and young people feel that they can openly discuss their emotional or behavioural difficulties and if their parents are not marginalised or criticised for pursuing treatment for their children, many mental health issues can be moderated and resolved. In this regard, we underscore our determination that the Tasmanian government fund a large scale destigmatisation campaign as outlined in our recent Budget Priority Statement.

We are convinced that it is vital that policy platforms build on the strengths of existing models and methods that operate within and between the different spheres of government. The integration of services doesn't necessarily demand that those services be re-built from the ground up. In general though, we wholeheartedly endorse the shift toward prevention and early-intervention in child welfare issues at large, and in child and youth mental health issues in particular. We also support the implementation of improved information gathering measures to more accurately gauge the extent and nature of the mental health and behavioural issues facing Tasmanian children and young people.

In conclusion, the MHCT would like to congratulate the Minister for an ambitious, progressive and far-reaching policy proposal. We would also like to encourage the Minister to keep closely in mind the proposed actions of the Fourth National Mental Health Plan; the "*Building the Foundations for Mental Health and Wellbeing*" document; research; and the *Healthy Minds, Healthy People* ten year plan; and the *KidsMatter* program when considering the further framing and application of the Agenda for Children and Young People.