



MHYF Vic Newsletter No. 50 August 2015

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Annual General Meeting

The AGM will be held on Wednesday 26th August 2015 at Pacific Rim restaurant in Albert Park. Pacific Rim is a Thai restaurant in Bridport Street at the corner of Ferrars Street, Albert Park. It serves excellent food at very reasonable prices.

The meeting will begin with a short business component at 7.00pm, prior to which the dinner orders will be taken. Dinner will be served at about 7.45pm, after-which Anne McLeish will describe developments that have occurred over the last two decades in out-of-home care for children in need of care and protection.

Although the restaurant does not require pre-payment or pre-ordering of food, it does wish to know how many people will be attending. If you are intending to come, please let me know by an email to

mawdsley@melbpc.org.au

HEADSPACE REPORT

Two papers were published in the June edition of the Medical Journal of Australia reporting surveys of the work of headspace centres. These reports have been keenly awaited as evidence of the usefulness of the program. MHYFVic members may be interested in what emerges in the following quotes : “There is considerable interest in the headspace initiative because it comprises a significant investment by the Australian Government in an innovative approach to youth mental health. The results presented here show that the vast majority of young people specifically attend headspace centres for mental health problems, and that the next most common reason for attendance involves situational problems that affect the wellbeing of the young person, such as bullying at school, difficulty with personal relationships or grief. This is consistent with the general early intervention aim of the headspace initiative, and with the recognition that mental health problems and related risk factors are the primary health concerns for adolescents and young adults.

A sizeable minority of young people initially attended headspace for physical or sexual health problems. For almost half of these clients, this led to a mental health consultation, supporting the contention that physical and sexual health care can and should be a pathway to mental health care (and vice versa).

The headspace initiative engages young people with a range of health and wellbeing concerns, not just those with mental health problems. Few clients, however, presented primarily for alcohol or drug problems and vocational difficulties, suggesting that these are more often accompanying problems than primary concerns for those attending headspace centres.”

“As young people are often reluctant to attend mental health services, receiving an appointment promptly after a young person has decided to seek help is crucial. The vast majority of headspace clients waited 2 weeks or less for initial service, a notable achievement.”

“This article reports the first outcome data for young people who have accessed the national headspace centre network for mental health problems. The analyses focused on the two key clinical outcomes, psychological distress and psychosocial functioning. The results show that psychological distress was significantly reduced in more than one-third of clients for whom data were available, and psychosocial functioning improved in a similar proportion. If improvement in either measure is considered, 60% of clients experienced significant change. Improvements in young people with greater distress and poorer functioning at service entry were noted in those who engaged well with the service (*ie*, attended more health care sessions).”

“headspace centres differ considerably in both their priorities and their capacity as a result of the diverse community and workforce contexts in which they are embedded, although all centres pursue a common vision of youth-focused, evidence-based, early intervention. The complexity and severity of young people’s presenting concerns also varies, with a substantial subset of young people who need, but are unable to gain,

access to specialised tertiary services which may have an impact on average improvement scores for the total client group.

Nevertheless, this article demonstrates that headspace is committed to examining and reporting outcomes for young people using its services, and that the headspace centre initiative is associated with improved mental health outcomes for a large number of young people assisted by this network across Australia.”

Genes, and how to wear them.

This was the catchy title of last year’s conference of the Faculty of Child & Adolescent Psychiatry of the Royal Australian & New Zealand College of Psychiatrists. The title was chosen because some of the papers were about genetic factors in mental health.

One of the most interesting papers was about the role of epigenetic factors. I didn’t know anything about epigenetic factors and it was somewhat of a relief to find that until recently, neither did anybody else. However, in the last several years there has been an avalanche of published research material explaining how epigenetic factors account for many of the biological aspects of our mental health. Interest in the subject is growing. The recent issue of the newsletter of the Australian Psychological Society has an article by Professor Mark Dadds titled, “What you need to know about (epi)genetics and mental health.”

So, what are epigenetic factors, and how do they work?

Even Luddites like me know that scattered along the chromosomes are little patches of DNA called genes which can be switched on or

off their active phases of producing specialised proteins. The proteins govern a vast array of bodily functions. Although the majority of genes are largely the same throughout the population there are some variations that make particular individuals susceptible to clinical disorders. Even when a given genetic variant is present in several people there may be differences in the extent of the clinical disorder. Clearly, there are other modifying factors at work. Not a lot was known about how the activity of genes was modified.

Along the chromosomes there is a large amount of DNA which does not have the protein-producing function of genes and was once called “junk DNA” because it was not thought to have a functional role. However, it is now realised that it does have a functional role in how the genome is actually transcribed into cells, and that these processes are varied in response to physiological changes (which in turn are varied by environmental events including emotions). These gene activity-modifying processes are the ‘epigenetic factors’, and research is revealing the mechanisms by which they work. To quote Professor Dadds :

“The functionality of genes is regulated by epigenetic mechanisms such as chromatin modification, DNA methylation and non-coding mRNAs. These mechanisms regulate gene function in response to different environmental and biological contexts and can result in alterations in functional gene networks that lead to a range of diseases from cancer to complex behavioural and psychiatric conditions.”

Amazing things are now being discovered about the biological basis for disorders that were previously only known by clinical

observations. For example, the ongoing physiological state of hyper-arousal seen in cases of post-traumatic stress disorder is due to induced epigenetic DNA methylation changes that henceforth maintain the changed limbic system arousal. Even more amazingly, the beneficial effects of psychotherapy are seen to have been associated with a demethylation, resulting in an ongoing change for the better in emotional physiological states.

Once we thought that the brain was unchanging, but now we know that it can change in response to life events. Once we thought that the genes were unchanging, but now we know that their effects can also change. The much derided theory of Lamarckian inheritance may have a grain of truth in it after all. The rate of change in our information is truly breath-taking.

Allan Mawdsley

HISTORY CORNER,

HISTORY CORNER, 1915

Judge Harvey Humphrey Baker of the *Boston Juvenile Court* was confronted by an adolescent girl who was reported to have told him “I know that you can do what you like with me, but you don’t understand me in the least” (Smuts, 2006). Judge Baker then decided to find out more about the children whose lives he lived in judgement and asked William Healy and Augusta Bronner of the *Illinois Psychopathic Institute* in Chicago (later, *Illinois Institute for Juvenile Research*) to establish a similar program in Boston. Judge Baker died in 1915, aged 46 years, but his clinic began under Healy and Bronner, in 1917.

Judge Baker was of classic New England stock and lived all his life in the house (in Brookline, Massachusetts) of his grandfather, where he had been born in 1869. He graduated with a

Harvard Law degree in 1894 and started legal work immediately (Cushman, 1921). Concurrently, he was a clerk of the Police Court of Brookline and from 1895 to 1906, he was a Special Justice of that court. He was also a Community Visitor with Boston Children's Aid Society. In 1895, he was Secretary of a Boston group of child welfare agencies and edited a manual for use in cases of childhood offending. In 1906 he joined the Juvenile Court, as foundation justice.

Throughout his period in this court, Judge Baker, a bachelor, was renowned for his "child sense" and his compassion for the array of social misfits and defectives that came before him (Cushman, 1921). Judge Baker reviewed the first five years of his court and the disposition of the cases and provided a detailed account of court procedures, but no attempt was made to assess the effects of probation. This is what he envisaged would happen at a clinic ...

As a child and adolescent mental health professional, I have always been very interested in the history of the field, but have been disappointed by the general lack of interest in its history. This is why I started this column in MHYF Vic's Newsletter. We are on the edge of being able to celebrate some most significant centenaries, and this year is the centenary of Judge Baker's death. The *Judge Baker Children's Center* continues and has been affiliated to Harvard University since 1947, when Healy and Bronner retired and the leadership of the program was passed to psychiatrist, Dr George Gardner. The Manville School was added to the program in 1957, when the centre moved to new premises. In 1906, the centenary of the Boston Juvenile Court was celebrated. MHYF Vic will reach out to the *Judge Baker* to celebrate this next centenary.

I am an amateur, but enthusiastic, historian. In the previous Newsletter I made a number

of errors of fact concerning the starting date of the child guidance movement. The acquisition of Smuts *Science in the service of children* (2006) has cleared up some misconceptions, but many remain. Smuts has regarded Healy's *Illinois Psychopathic Institute* as the first child guidance clinic. But it was more a research program to understand delinquency and its causes. The *Judge Baker* clinic was established to treat delinquency.

Healy was asked to be head of a nationwide program of child guidance when the Demonstration Clinics began in 1922, but refused, arguing for the need for local administration. Smuts noted that by 1919, there were 11 "child guidance" clinics, but does not list them all. The seven Demonstration Clinics funded by the Commonwealth Fund (St Louis, Missouri; Norfolk, Virginia; Dallas, Texas; Los Angeles, California; Twin Cities, St Paul and St Paul and Minneapolis, Minnesota; Cleveland, Ohio; Philadelphia, Pennsylvania) began after 1922 and a subsequent larger group of clinics began in 1927.

We will keep digging. I believe the first British child guidance clinic was the Institute of medical Psychology opened in Tavistock Square, London in 1918, whose first client was a child. The Commonwealth Fund opened the Islington clinic in 1929. Australia's first child guidance clinic opened in 1925 at the (now Royal) Children's Hospital in Melbourne.

Part of the problem has been the confluence of ideas that produced the child guidance movement. Smuts noted three different sorts of interest: Child Study (Stanley Hall, and then *Iowa Child Welfare Research Station*), Mental Hygiene (and Healy's studies of delinquency), and government policy (Presidential conferences on childhood in 1909, 1919, and 1930; and the Children's Bureau). In the background was the interest of philanthropy, especially those with female backers (Laura

Spelman Rockefeller, Anne E Harkness, Lizzie Merrill-Palmer, Cora Bussey Hillis, and Ethel Dummer; the last being particularly influential in the establishment of the *Judge Baker*).

There is much to learn. Part of the process of learning will be the extending of contemporary interest to each of the foundation clinics. We have in mind a rolling series of celebrations, whereby Victorian clinics pair up with the original foundation clinics in a live teleconference to discuss: the beginnings of the US clinic, the achievements of the clinics in the USA and in Victoria, and then to consider the future of our field and of the specific aims of each clinic.

The American child guidance clinics have given us much and we can continue to learn from what they now understand. Hopefully, opportunities for other collaborations will arise! Please step forward if you want your CAMHS or other agency to be involved in these celebratory collaborations.

Jo Grimwade

AICAFMHA e-news June 2015

Two guides are available for order by mental health professionals. The guides are to be used with parents who experience mental illness and are being supported via the Let's Talk About Children method or the Family Focus approach. The first guide ('**How can I help my child?**') helps parents to reflect on their illness and symptoms (including the impact on their parenting) and offers practical tips on how to strengthen child and family resilience. A second guide for teenagers aged 12-15 years ('**When your parent has a mental illness**') is available for parents to offer their children. It aims to help teenagers to better understand their parents' mental illness and access resources that might help them.

Mental Health News

Grandparents Raising Grandchildren with Disabilities

This **review synthesized the literature from 1990 to 2013** regarding the subject of grandparents raising grandchildren, particularly grandchildren with disabilities. It also examines sources of support and family quality of life of grandparents raising grandchildren. Implications for those working with families in schools as well as suggestions for future research are presented.

Kids Helpline Insights

This **report provides insights into the key issues** affecting young people, outlining why more than 200,000 children and young people contact Australia's only 24/7 youth specialist counselling service each year, including how they contact the helpline, counselling trends and how Kids Helpline works with others to address national issues like youth self-harm, suicide, mental health and online safety.

School-based education programmes for the prevention of child sexual abuse

This Cochrane review found evidence that **school-based sexual abuse prevention programmes** were effective in increasing participants' skills in protective behaviours and knowledge of sexual abuse prevention concepts. Studies have not yet adequately measured the long-term benefits of programmes in terms of reducing the incidence or prevalence (or both) of child sexual abuse in programme participants.

Children may not face added stress from joint custody

The moving back and forth between two homes may not harm the **mental health of kids in joint-custody arrangements** as much as some experts feared, according to a new study. Researchers in Sweden found that while children whose parents don't live together have more psychosomatic health problems than kids in nuclear families, the kids in joint custody arrangements had fewer issues than those living with a single parent.

Resources

Working with culturally and linguistically diverse (CALD) adolescents

CFCA (Child Family Community Australia) has released a [collection of resources](#) that provide information and highlight good practice for professionals working with CALD adolescents.

Eating Disorders: a Professional Resource for General Practitioners

NEDC have developed a [professional resource for GPs](#) to support their role in the treatment of eating disorders which can encompass prevention, identification, medical management and referral. This resource is divided into three sections covering screening and assessment, referral to appropriate services and ongoing treatment and management. The resource encourages General Practitioners to act as an approachable 'first base' for those seeking help.

Trauma-Informed Care

Understanding the pervasiveness of trauma and the harm it causes presents new opportunities for those who work with and care for youth and young adults. Focal Point 2015 is dedicated to Trauma-Informed Care – from neurobiology to public policy – and it is [available to read online](#).

Technology and mental health

[Digital Dog is a research group](#) within the Black Dog Institute working to use technology to solve mental health problems. It has 5 main areas: interventions to lower depression, lower suicide risk and promote wellbeing; social media as an indicator of mental health risk; mobile phones as pervasive devices to measure mental health; harnessing technology to prevent mental health problems in school and public documents to promote the usefulness and cost effectiveness of e-health technologies for Australia.

OUR UPDATED WEBSITE

After much thought our website has been significantly revised to give casual visitors immediate information about what we do and what we stand for, whilst at the same time allowing members to go straight to specific sections such as Projects or Newsletters or Events, without having to navigate past reams of information.

Now that the main revision has been implemented we are working on tasks of development of Projects to give us the evidence base for our advocacy. There are quite a few items under development at the present time which are not yet reflected in the website but over the next few months we expect to see a burgeoning of activity.

Visit us on mhyfvic.org

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