Mental Health for the Young and their Families

MHYF Vic Newsletter No. 55 July 2016

This edition

Annual General Meeting

25 August 2016

The 2016 Annual General Meeting of MHYFVic will be held on Thursday 25th August 2016 in conjunction with an evening meal at the 'Pacific Rim' Thai Restaurant in Albert Park at the corner of Ferrars Street and Bridport Street.

The after-dinner speaker will be Associate Professor Campbell Paul.

Prior to the dinner the business of the AGM will include election of office-bearers for the coming year, and also a proposal to increase the Membership subscription fee to $50 per annum. The reason for this is simply that the membership income does not meet the running costs of the organisation.

Notices are attached. The subject of the after-dinner talk is :

Working with gender diverse young people at the Royal Children's Hospital.

Associate Professor Campbell Paul, FRANZCP

In recent years there has been an ever increasing number of referrals for the assessment and treatment of children and adolescents up to 17 years who are gender diverse or experience gender dysphoria. In 2012 specific funding was awarded by the State Government to the RCH to build a multidisciplinary team that can provide a holistic approach to improve the physical and mental wellbeing outcomes of children and adolescents who experience gender dysphoria. By 2015 the demand for the service had significantly increased to more than 170 referrals.

Associate Professor Campbell Paul is a consultant child and adolescent psychiatrist who has been at the Royal Children's Hospital for many years, in psychiatry and infant mental health. Over the last 15 years he has worked with many children and young people experiencing gender dysphoria, and their families, and he was involved in the establishment of the original RCH Gender Service. He will present an overview of this important work and its implication for the wellbeing of these highly complex young people.

Child Mental Health & Children's Court:

"Children's Matters - What matters to them?"

MHYFVic was one of the sponsoring organisations for the very successful seminar held on 29th February at the Royal Children's Hospital reported in our previous newsletter.

Following the Seminar, we received a letter from the Minister for Community Services telling us that the amendments were being implemented for the very best reasons and that our concerns were misplaced. She felt that we should stop protesting and let the Department get on with its good work.

Since then, however, there have been several reports of cases where the Department has used the legislation to restrict access and it is clear that our concerns were well-founded. The protests are not going to stop. A further seminar is being planned for the afternoon of Tuesday 16th August and details of this will be forwarded shortly.

I am contributing a viewpoint that the Department needs to fundamentally change its approach. Instead of an adversarial assumption that clients are in the wrong, it needs to take a problem-solving approach aimed at achieving good outcomes.

The Department has a huge task, getting larger each year since the commencement of mandatory reporting. It has a backlog of unallocated cases, and large numbers of cases in out-of-home care and subject to supervision orders for whom case management plans, visiting arrangements and therapeutic interventions are required. This is done at huge financial and human cost. Reduction in these numbers through good outcomes for clients is desirable for everyone concerned.

My contention is that the Department could and should reduce these numbers by a change in its method of operation aimed at reducing numbers coming into care. The main change would be for the Protective Workers to undertake comprehensive case assessments and case management. At the initial ascertainment of safety, the vast majority of cases would be deemed safe to assess whilst continuing to live at home in their families.

The next step is gathering information about family structure and relationships, the life stories of the family members, and the issues of concern to them as well as the issues of concern to the Protective Worker. The Worker reaches conclusions about, "What are the problems?", "Why are they there?", "What has to change for a good outcome?", but just as importantly, the clients need to reach these same conclusions themselves (not merely be told the conclusions of the Worker).

Extended assessment could look at the quality of mother-child attachment, parenting and child behaviour management, home-making skills, social supports and participation in health, welfare and educational programs for child and family development. This whole extended assessment process should not take more than two or three weeks by which time a clear case management plan should be in place (including all the issues that would be relevant for Court Report if necessary, as well as for therapeutic intervention).

These assessments of child relationships and family functioning are exceptionally difficult without the family being together. Some individual psychological assessment can be done, but it is difficult to ascertain how much of the symptomatology is due to the emotional stress of separation and placement with strangers.

Good assessment and treatment depend upon the relationship established between clients and therapist. It needs to be undertaken by the Protective Worker's team. It is highly inappropriate for referral out for repeat assessment and treatment by someone else, and absolutely unconscionable for referrals to be unfulfilled whilst the clock is ticking.

Repeated assessments by multiple people are emotionally damaging. Lay persons may think that "talking" is harmless, but emotional turmoil generated and left untreated may worsen hostility and resistance. Furthermore, treatment by external agencies promotes "splitting" between the trusted 'good guy' therapist and hated 'bad guy' Protective Worker who is assumed to want to remove the child. This adversarial posture is antithetical to good outcomes.

In earlier years, family casework used to be undertaken by Protective Workers but when the late John Paterson was Director of the Department of Human Services he determined that the core business of Child Protection was to be the adversarial Court processing and generic case management, with therapeutic work to be undertaken by referral to mental health and non-government agencies. This was a major mistake for the reasons outlined above. I am convinced that a proper cost-benefit analysis would reveal that better outcomes and reduced numbers taken into out-of-home care would more than offset the cost of casework by Protective Workers.
I believe we should not only seek further amendments to the legislation but also a significant shift in Departmental management.

Allan Mawdsley

The following is a joint statement by the collaborating agencies about the concerns prompting the first seminar and the forthcoming one August.

A Reform Agenda For Victoria's Vulnerable Children And Young People

The Law Institute of Victoria, Berry Street, the Victorian Aboriginal Child Care Agency (VACCA), the Office of the Public Advocate, Grand Parents Victoria, Kinship Carers Victoria and MHYFVic (Mental Health for the Young and their Families) hold grave concerns regarding the escalation of child protection interventions in Victorian families, the huge pressure on the out-of-home care (OOHC) system and the lack of appropriate services and clinical supports available to children, carers and families; all of which are impacting adversely on Victoria's most vulnerable children and young people. Victoria's Child Protection system in many respects, is currently in crisis. The 2014 legislative reforms to the Children, Youth & Families Act 2005 (Vic), with effect from l March 2016, will likely significantly worsen such crisis.

In Victoria, children and young people are now staying in care longer whilst the burdens and expectations on kinship and foster carers greatly exceed the meagre support (financial and otherwise) offered to them by government. There has been a profound lack of resourcing from successive governments to provide families and carers (kinship, foster and permanent) with the support they really need to care for vulnerable children. Increased investment in the most recent State budget for carer support, early intervention and family services was an important first step, more needs to be done.

Carers are volunteers and until we support all our carers with all that they need to care for children, we will continue to place the well-being of the children they care for at risk. Furthermore, Victoria's residential care services are at maximum capacity and are at

times unable to meet all the essential needs of traumatised children and young people who have commonly experienced multiple care placements before entering residential care.

The rights and well-being of vulnerable children, young people, and their families are infringed and affected as more children are removed from their families and placed (and kept for longer) in our under-resourced OOHC system because of the inadequate remedial supports available. Over the past decade, government investment in support and therapeutic assistance for families at risk of child protection intervention, or those currently involved with child protection, has not kept pace with the level of need. In fact, it has fallen grossly short. Currently in Victoria, family support services and clinical supports, such as mental health services and drug/alcohol counselling services, are overwhelmed, under-funded, and many have long waiting lists. Alarmingly, access to such services is even further acutely restricted in regional Victoria. Government funding of family support services, particularly those focused on reunification, need to be redoubled to ensure children can remain with their families wherever possible. Such funding is crucial to ensure the protection of the family as the fundamental group unit of society.

The 2014 legislative reforms remove substantial aspects of the Children's Court jurisdiction and powers. Of most profound concern is that the Children's Court ability to determine the appropriateness of reunification for any child is lost. The Court's powers are extremely limited after a child has been out of a parent's care for a period of 12 months (calculated cumulatively and retrospectively) or 24 months under exceptional circumstances at the most. Such mandatory time-frames are draconian and prohibit the Children's Court from acting in the best individual interests of any Victorian child. There are also technical legal tensions and unresolved questions of the workability of certain provisions.

Notwithstanding the recommendations of the 2012 Cummins Inquiry, the 2014 legislative reforms remove the power of the Children's Court to determine contact arrangements when a child has been out of a parents care for 2 years or more. Decisions about contact for a child are then left solely to Victorian child protection Department. Thus, a child no longer has the protection of a court order to ensure they can have regular contact with their parents, siblings and other persons significant to them and to ensure the safety conditions of their contact.

The 2014 legislative reforms were promoted as creating stability and permanency for Victorian children. However, attempting to accelerate children and young people's placement into permanent care through ill-conceived and retrograde legislative reforms will not resolve the crises or the underlying service and practice issues within the child protection system. The fast-track to permanent care or adoption approach appears driven by the needs of the system to cut demand for OOHC rather than the rights and needs of children, young people, their families and carers. Rather than promoting secure and stable care arrangements, the 2014 legislative reforms will mean children and young people spend more time in OOHC on long-term care orders under the parental responsibility of the Department with no regular independent oversight from the Children's Court. Such a position returns Victoria to the days of the ward-ship orders. Finally, even a cursory examination of the history of Australian child welfare systems is sufficient to remind us that permanently disconnecting children from their source of

identity is detrimental to their life-long wellbeing.

Our failing education system

A free public seminar was held recently jointly hosted by the Grattan Institute and the State Library of Victoria on the subject of reports indicating that the Australian education system is falling behind the standards of other countries. Learning gaps between Australian students of different backgrounds are alarmingly wide and grow wider as students move through school.

Grattan Institute recently published *Widening gaps: what NAPLAN tells us about student progress* The report finds that the gap between students with parents with low education and those with highly educated parents grows from 10 months in Year 3 to around two-and-a-half years by Year 9. Bright kids in disadvantaged schools fall two and a half years behind bright kids in advantaged schools by Year 9, even though they were doing just as well in Year 3. These students are not getting a fair go.

Dr Peter Goss, Grattan Institute School Education Program Director, hosted a panel of senior leaders in school education to explore:

- How big are these learning gaps, and what do they mean in practice: for young Australians, for the economy and for Australian society?
- What should we do to enable every child in every school to achieve their potential?

The Grattan Institute intends to produce a further report, so we look forward to hearing some well-considered proposals for our politicians to implement.

ADVANCE NOTICE

While there is a very important international centenary for child and adolescent mental health in 2017, there is another one worth celebrating in our home town.

The first Baby Health Clinic was opened at St Matthias Church Hall, Church Street, North Richmond, in June 1917. There will be a celebratory event. We are hopeful that MHYF Vic can support this event.

If anybody knows of other such events please let us know. So much good work in those early days needs to be recognized!

More on COPMI:

A six-month extension to enable access to resources

The Children of Parents with a Mental Illness (COPMI) national initiative has been advised by the Australian Government that funding has been extended for six-months until December 31st 2016.

This extension has been made to ensure continued access to COPMI resources for parents, young people, families and professionals. More information can be obtained from the 'Emerging Minds' and 'COPMI' websites.

HISTORY CORNER, 1917

The first in our centenary celebrations will be a connection with Boston's Judge Baker Centre.

From their website: "Judge Baker Children's Center is a community that cares about children and their developmental, emotional, and intellectual well-being.

Our research, direct programs and services, training, and advocacy make Judge Baker a preeminent voice and active resource on

issues of children's mental health. Our programs help children and families chart their own best course for developmental, emotional, and intellectual well-being in community-based settings."

There is a whole of service approach to quality improvement. Again from their website: "The Quality Care Initiative at Judge Baker Children's Center works to create lasting improvements in the quality of mental health care and other services for all children and families. Our expert staff works collaboratively with families, service providers, schools, state agencies, academic institutions, and funding organizations to help ensure that all children and families have access to the highest quality care."

Much of the following has been drawn directly from their website.

History

A clinic for helping delinquent children become good citizens was the hope of Judge Harvey Humphrey Baker, but he died at the age of 46, suddenly, in 1915. Following this dream, the "Judge Baker Foundation" was incorporated in 1917. Judge Baker's lifelong friend, Judge Frederick P. Cabot served as the first president of the Board of Trustees.

The first offices for the Foundation were established at 40 Court Street in Boston. Dr. William Healy and Dr. Augusta Bronner were brought from Chicago and appointed as co-directors of the new Judge Baker Foundation. The diagnostic studies of delinquent children from The Boston Juvenile Court were continued. In the 1920s more systematic treatment programs were provided. In 1927 Healey and Bronner had produced a comprehensive handbook of mental tests for children.

The Foundation moved to a new address in the 1930s: 38 ½ Beacon Street, Boston. By 1935, more than 7000 children and families had received services, with the range of diagnoses and backgrounds having broadened.

Major change occurred with the retirement of Healey and Bronner in 1947. With the new Director, Dr George Gardner, came a name change to the Judge Baker Guidance Center and an expansion of outpatient and inpatient services. It became the largest child guidance clinic in the country and one of the first agencies to receive federal support for training in child psychiatry and psychology.

Continued growth during the 1950s, saw the addition of Manville School in 1957 for the education of at risk children. The affiliation with Harvard Medical School also began. The case record was now 15,000 since opening doors in 1917 and the rate of referral had moved from 350 cases per year to 2000 cases.

Dr Gardner oversaw immense change in his period of Directorship, including the introduction of family therapy, professional training projects, and effectiveness studies of interventions. The residential program was focused on the inpatient treatment of children with psychosomatic illnesses.

Under the new Director, in the 1980s, Dr Stanley Walzer, there was another name change to the Judge Baker Children's Center with a broader set of social programs focused on early childhood and teen drug use and pregnancy. A 24-hour Hotline for Children at Risk was also introduced.

Changes continued in the 1990s under the next director, Dr Stuart Hauser with an emphasis on Big Brother/Big Sister programs through the Manville school and a multi-cultural literacy and prevention program called Voices of Love and Freedom.

In 2004, Dr John Weisz, became President and CEO of JBCC. The centenary of the foundation of the Boston Juvenile Court was marked with

a national conference on Treating Multi-Problem Youth.

The Center for Effective Child Therapy (CECT) was inaugurated. This is an evidence-based clinic for children aged 3-17 struggling with anxiety, depression, traumatic stress, and disruptive behavior. Also the Summer Treatment Program, an evidence-based program for children with ADHD and other disruptive behavior disorders began.

Dr Robert Franks took over in 2014. In the interim, NEXT STEP: College Success & Independent Living program began in 2013. This program is designed for students, grades 9-12, with Asperger's Syndrome, NLD, or related learning differences, who are serious about attending college after high school. Its focus is to afford students a chance to hone executive functioning, problem solving, and self-advocacy skills that are necessary for living on a college campus.

Services now

Manville School is a therapeutic day school for students from kindergarten through 10th grade who experience emotional, neurological, or learning difficulties that have impacted their ability to succeed in previous school settings.

The Center for Effective Child Therapy (CECT) at Judge Baker provides mental health assessments and focused short-term treatments for children and their families.

The Summer Enrichment Institute (SEI) is a five-week day program that teaches children ages 6-12 effective ways to manage ADHD and other behavior issues (originally, the Summer Treatment Program).

NEXT STEP: College Success & Independent Living is designed for students, in the upper grades, who have a social language deficit, yet are serious about attending college after high school. This program is appropriate for young adults with Asperger's Syndrome, NLD, or related learning differences.

Judge Baker Children's Center is a nationally recognized institution providing **professional training** for psychology, social work, early childhood, special education, psychiatry, nursing, and mental health counseling.

Working under the auspices of the Massachusetts Department of Children and Families (formerly Massachusetts Department of Social Services (DSS)) since July 1982, Judge Baker Children's Center directs the **Child At-Risk Hotline**, a statewide after-hours emergency response system. Each year, Judge Baker's highly trained staff responds to more than 170,000 requests for crisis intervention, information, or referrals.

Further, the ***Child Mental Health Forum*** is one of the longest continuously running lecture series in the country. The *Forum* aims to provide intellectually stimulating information on scientific advances and evidence supporting clinical practice and research.

The centenary

Next year MHYF Vic will collaborate with the Judge Baker Children's Center to honour their foundational contribution to child and adolescent mental health services in Victoria and world-wide.

Jo Grimwade

Newsletter Items from

Emerging Minds (our re-named sister organisation at the National level).

Witnessing violence harms children's mental health

Children exposed to frequent violence report the highest levels of depression, anger and anxiety. Research has shown that children who witness or are victimised by violence are more aggressive and show concerning levels of post-traumatic stress symptoms. Exposure

to violence can affect the social and emotional development of children and adolescents as they cannot effectively process what they are witnessing.

Children and young people's mental health: State of the Nation

Centre Forum have published the first report of the Commission on children and young people's mental health in England. Over the last five years there has been a significant rise in children's mental health issues with young people experiencing difficulty accessing services, long waiting periods and discrepancies in funding for mental health services across different regions. The report also looks at government policy on children's mental health, including the Future in Mind publication.

Depression study examines impact of oxytocin on mother-baby bonding

Psychologists at Florida Atlantic University are investigating how breast feeding, oxytocin (widely referred to as the 'love' hormone) and face-to-face interactions between a mother and her baby are impacted by depression and the mother's oxytocin levels. The study has found that babies whose mothers experience depression appear to inherit or develop a pattern of behaviour similar to depression, where they focus on negative emotions and withdraw from stimuli. If maternal depression is not treated, it can affect the mother-infant emotional relationship as well as the infant's emotional development.

Children's mental health needs to be at the heart of school policy

Research has shown that school-based activities play a vital role in supporting the mental health of primary school children. Emotional well-being and academic achievement are closely linked, with support for emotional health in schools becoming an essential practice. However, in order for such programs to be effective school systems need to be strongly connected, with emotional health a core part of all school matters.

Evidence review: Risk factors for eating disorders

The complex hormonal, physical and neural changes associated with puberty increase the likelihood of adolescent engagement in disordered eating behaviours. Obsessive compulsive personality disorder, low self - esteem and perfectionism are risk factors for disordered eating behaviours and attitudes. Prevention programs which focus on reducing modifiable risk factors have been shown to have the most favourable outcomes.

Counselling in primary care clinics helps speed recovery for depressed teens

A new study published in the journal Pediatrics found that depressed adolescents who received cognitive behavioural therapy (CBT) in their primary care clinic recovered faster, and were also more likely to recover, than those who did not receive the primary care-based counselling. The study examined a program where counsellors used CBT techniques to help teens challenge unhelpful or depressive thinking, and replace those beliefs with more realistic and positive thoughts. The program also focused on creating personalised plans to increase pleasant activities.

More than half Australian infants have risk factors for adult mental illness

A study conducted by the University of South Australia has found that more than half of Australian infants have multiple risk factors for developing a mental illness by the time they reach adulthood. The risks include a myriad of factors including genetic influences, abuse and neglect, bullying, poor school performance, witnessing domestic violence, as well as divorce and separation. Early intervention may assist in mitigating some risk

factors, however further research is needed to assess the long term impact of such intervention.

Recommendations supporting behavioural therapy for ADHD are largely ignored

Almost 75% of children aged two to five years who are diagnosed with attention-deficit/hyperactivity disorder receive psychostimulant medication, despite recommendations from the American Academy of Pediatrics that behavioural therapy be implemented as an initial intervention. A new report indicates that only half of young children receive intervention that includes behavioural therapy. However, when behavioural intervention is implemented consistently, it can lead to increased use of positive parenting strategies, strengthen the parent-child relationship, and delay commencement of stimulant medication.

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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