



MHYF Vic Newsletter No. 56 October 2016

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Recent MHYFVic Events

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

The 2016 Annual General Meeting of MHYFVic was held on Thursday 25th August 2016 at which the after-dinner speaker was Associate Professor Campbell Paul.

He 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.

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.

Professor Paul described in a most interesting way the work of the team and the variety of issues that have to be dealt with as young people come to terms with their confusion.

A Reform Agenda for Victoria’s Vulnerable Children and Young People

MHYFVic, The Law Institute, The Office of the Public Advocate, Berry Street, Victorian Aboriginal Child Care Agency and Grandparents Victoria collaboratively sponsored a seminar at the Royal Children’s Hospital on Wednesday 17th August 2016 to follow up our previous seminar advocating changes to the *Children’s, Youth and Families Act*

The key desirable changes related to the rigid timelines for permanent care decisions and the restoration of oversight by the Children’s Court. The effects of the current legislation are to be reviewed by the Commissioner for Children after six months of operation, and a call has been promulgated for submissions to that enquiry.

The seminar featured a presentation by His Honour Judge Tony Fitzgerald of the Auckland District and Youth Court, New Zealand, on innovations towards a less adversarial system which could equally be of value in Victoria. This was complemented by a presentation by Dr Briony Horsfall of Swinburne University on comparison of child protection provisions in other Australian States.

Early uterine development and the foundations of consciousness in intentional foetal movement.

This presentation by Dr Jonathan Delafield-Butt was primarily sponsored by the Cairnmillar Institute with the collaboration of MHYFVic and the Children & Adolescent Therapy Services (CATHS) Occupational Therapy Group, held on Monday 12th September. Dr Delafield-Butt is a Senior Lecturer at the University of Strathclyde.

By the time a child is born a great deal of developmental progress has already been made in utero. At birth a whole new cascade of sights, sounds, tastes and smells and other sensations are added to the pre-existing sensorimotor functions.

As development proceeds, motor activity becomes intentional, purposeful, communicative, more complex and integrated with corresponding progress in other modalities. The foundations of consciousness are seen in this developmental progression. The basic substrate is in the brainstem, with cortical elaboration as a later and more sophisticated stage. This conceptualisation, a biological view of Piaget's observations, has important implications for understanding derailments of progress.

Allan Mawdsley

Once upon a time: a narrative of the presentation by Jonathan Delafield-Butt

Once upon a time, a developmental psychologist named Jonathan spoke at the Hawthorn Town Hall. Jonathan was a friendly man from Scotland. He spoke about babies making up stories when in the womb. This was by moving about!

Apparently, from seven weeks of gestational age, there is an agent, who is embodied, perceptual, affective, intentional/purposive, and who proceeds through time. Quite a lot really for such a small thing!

Jonathan thinks moving is what makes people's minds because it is fun and others find it fun, too! He called this sensorimotor intentionality. This is pre-reflexive, pre-conceptual, future-oriented, and simple.

Also, when the inferior olive, a structure in the brainstem is messed up, the mind may become autistic. Jonathan spoke a lot about brains. He likes the brain stem and the mid brain and thinks the cortex is overrated. He also likes mirror neurons (his mate, Colwyn, calls these sympathy neurons) and polyvagal theory (which is something to do with the nerves of the face and the gut being all connected by evolution).

But the big story is about stories: those early foetal movements underpin all narratives and allow for the later development of language, so long as the narratives are constructed in interactions with others. By the way, stories have beginnings, then they build, then they come to a climax, and then the story winds down. These narratives exist as simple action units, or as chains of units that are projects, or as chains of projects, that become rational goal-seeking endeavours.

Jonathan used many big words, but it was all very understandable. He also liked the

following people: Arnold North Whitehead, William James, Adam Smith, David Hume, Thomas Read, Colwyn Trevarthen, Jean Piaget, Vittorio Gallese, Stephen Porges, Dave Lee, Franz Brentano, James Baldwin, Jac Panksepp, Ed Tronick, Dan Stern, Alessandra Piontelli, and a whole pile of others doing interesting work on babies and narratives and autism.

In the audience were a lot of Occupational Therapists and some Cairnmillar people, psychologists, a couple of Art Therapists and some psychotherapists. And an historian of emotions! They were all very happy; except for the biscuits.

It was good night!

Jo Grimwade

MHYF Vic President's Report for

AGM: 25 August, 2016

Welcome everybody, especially our guest speaker, Dr Campbell Paul of the RCH gender program. In the twelve months since I last reported much has happened.

MHYF Vic is an organization committed to hearing the voices of consumers and of professionals. At each of forums, and in our newsletters we try to present the range of professions that contribute to the delivery of quality mental health services for children and families. Tonight we have a report of a professional innovation.

This year, we have continued to work to achieve more understanding of the needs for mental health services for children and families through a series of collaborations. Most of the activities have been reported in our newsletters, but we have been active within:

- IACAPAP
- RANZCP and the history project(s)
- Children's Matters

- Grandparents Australia
- Winston Rickards Memorial Oration

The involvement with IACAPAP has been through the efforts of Dr Suzanne Dean in organizing collaboration in Canada this year with providers to indigenous communities world-wide. Dr Dean will speak of this work soon, and of her work with the Pasifika program. She will also introduce some other special attendees here tonight!

Our involvement with the Child and Adolescent Faculty of RANZCP is ongoing and the highlight was the presentation to the faculty in last November of our history project. The history project involves a series of celebrations of the anniversaries of significant Child Guidance clinics at the end of World War I. The poster of the project is on display here tonight. This was a very encouraging event and another collaboration evolved with the plan to help celebrate the centenary of Maternal and child health in Victoria, next June, with historian, Belinda Robson.

We are in the beginning stages of planning the cross-Pacific teleconference commemorating the establishment of the Judge Baker clinic in Boston. The Children's Court clinic will be the collaborating Victorian program.

We remain interested in supporting our National Lobby group: Emerging Minds. Ms Vicki Cowling has provided an ongoing link with AICAFMHA. However, we would like to be closer to the national issues affecting family mental health. I will invite Vicki for some words, later.

Out of our advocacy concerning the Children's Court clinic legislation enacted late last year has come a ground swell of concern about the implementation of the legislation; especially the issues concerning twelve months of removal leading to permanency planning. MHYF Vic, through Allan Mawdsley, has had a

central role in sponsoring two meetings at the RCH and many behind the scenes planning meetings. This is such an important issue that I will invite Allan to address us shortly.

Grandparents Victoria have been part of this process, as well, and our links with them have deepened. Ms Miriam Tisher and Allan Mawdsley helped to build this collaboration.

The achievement of the year, as usual, was the annual Winston Rickards Memorial Oration. The committee of Dr Dean, our secretary, Dr Celia Godfrey, and others once again did a splendid job. This was the WRMO of reflection upon change in the mental health field, with the Orator being Dr Francis Macnab of the Cairnmillar Institute. The speech is on our website.

A special feature of the WRMO for the several years has been the presence of students as ushers and administrative support. This year, volunteers came from the student body of the Cairnmillar Institute.

Planning for next year's WRMO is well underway and will focus very much on another of Victoria's long term institutions and long term professionals.

Administratively, we have had no changes. All members have re-nominated for election, but we do invite others to join and share the load.

There are two major ongoing tasks: the website and the Best Practice Atlas. We thank our web master Mr Ron Ingram for his continued work; and the constant liaison role occupied by Allan Mawdsley. We believe we have made the website more appealing to younger people, but would like ongoing feedback from website users. We encourage those present tonight to take a look and provide feedback.

The Best Practice Atlas is the idea of Allan Mawdsley and he continues to refine the skeleton of what might constitute best

practice in our field and to seek sufficiently skilled and knowledgeable people to write summary statements about best practice on any topic within our field. Custodians of our projects have filled quite a few cells on this large matrix of information.

We hope to see you at the Universal Children's Day event which is yet to be confirmed; but mark in your calendar the evening of 22 November and watch the Newsletter for more details.

Much of what I have reported here can be found in our Newsletter. There was the report of last year's AGM and presentation: Grandparents as alchemists and activists. Next issue covered the idea of planetary health, the review of mental health services, and the new mental health strategy, as applied to child and adolescent mental health services. Then began the series of articles that led to the Children's Matters forums and the launch of this year's WRMO. Then in July, more reporting of Children's Matters, a summary of the WRMO, and the launch of tonight's AGM. The History Corner has continued throughout, as has a sampling of events and reports from Emerging Minds. Please provide some feedback about our Newsletters and feel free to offer copy!

So to finish: I wish to express my gratitude to the committee for the work of the year. Dr Dean and Dr Mawdsley are great contributors on all topics. Allan Mawdsley is also the editor of our newsletter.

Ms Geoghegan and Ms Booth, in the shared roles of Treasurer and Membership Secretary, have performed their roles well, but remind us that we need more members and other activities to cover our slowly dwindling finances. I can announce a special conference likely to be of interest to MHYF Vic members. At the Hawthorn Town Hall on Monday 12 September, Dr Jonathan Delafield-Butt will

present on his work on the very earliest development of the human mind.

Dr Celia Godfrey is much deserving of my thanks and the appreciation of all the Committee. She has undertaken the role with energy and reliability.

Our continuing Vice President, Ms Luntz, has remained a solid contributor to our meetings and provided the venue most times.

We remain grateful for the contribution of Miriam Tisher, Kylie Cassar, Zoe Vinen, and Sarina Smale, even though they have not been able to attend as often they would like.

Once again, I thank our webmaster Ron Ingram.

Once more I invite participation of all at whatever level you can. Join the committee as a member without portfolio! Please let us know of your interest.

Jo Grimwade

Crime and Punishment

The 'Age' journalist, John Silvester, recently wrote an article pointing out that the 'tough-on-crime' rhetoric of politicians has resulted in a hugely increased number of offenders in prison with further rises needing additional prisons. There has been no discernible reduction in crime rates. There could even be a potentially increase in recidivism as the incarcerated offenders learn from their criminal cell-mates and undergo negligible rehabilitation preparing them for a more functional future life.

He went on to describe an innovative approach introduced in Texas for this same problem. They saw prisoners in three categories. "There are some who will always come back [reoffenders], some who will never come back [single offenders], and some who are swingers who could go either way".

"We decided not to waste money on those who are going to come back, spend a little money on education for those who will never come back, but invest in the swingers. We worked with them because you want them to be better when they walk out than when they walked in".

He said that about 70% of inmates were 'knuckleheads' who commit stupid crimes partially due to alcohol, drug, mental health and education issues. The program improved addiction treatment, educational and training opportunities and significantly improved the quality and rigour of the parole system.

The approach slightly decreased the numbers in prison, increased the numbers on parole by one third but decreased the revocation rate from 50% down to 20%. Crime and arrest rates have declined and costs have been significantly reduced, including cancellation of additional prisons.

All of this is perfectly in keeping with the MHYFVic Project (described on our website) about developmental language impairments of young people in the Juvenile Justice system. Not only do they usually have educational difficulties but also concurrent impairments in cognitive executive functioning affecting their impulse control, judgment, planning and capacity to foresee the consequences of their actions.

Considerable efforts are now being made to assist their language processing, educational training and employment skills in the expectation that they will have more pro-social options and possibly improved cognitive executive functioning (to be evaluated by outcome studies). What is now belatedly being recommended for adults must surely have greater likelihood of success if begun early.

Allan Mawdsley

HISTORY CORNER, Twin Cities, 1924

The Child Guidance Demonstration clinic established in St. Paul and Minneapolis, Minnesota, followed the general framework of the other clinics and was opened in 1924. Clinics were operated on both sides of the Missouri River, but the St Paul program seems to be the one that survived. There were local idiosyncrasies.

The governing body was the benevolent trust of Amherst H Wilder, a citizen of St Paul who had died in 1894. Wilder had invested in the opening up of the west through railways and timber production and became very wealthy, but his interest in community work was evident early on with his participation in the founding of Minnesota's Children's Hospital in 1873.

Wilder had founded a charity to "relieve, aid and assist the poor, sick and needy people of the city of St. Paul." His wife and daughter also founded such charities and these were combined in 1910 into the Amherst H Wilder Charity. In 1953 the name was changed to Amherst H Wilder Foundation. This funding source provided a strong basis for all programs (they are all housed in the fine building depicted here!).



The trust had funded many local services including Public Baths, Day Nurseries, Visiting Nurses, Dispensary, and a respite service for

disabled people. All bore the name of the benefactor and the child guidance clinic is called the Amherst H Wilder Child Guidance Clinic.

From the start there was integration with the Wilder services such that children with intellectual deficits noted in the Day Nurseries attended assessment at the Child guidance clinic. There was also a special Preventorium, where children suspected having tuberculosis, were placed in a hospital setting that included a school, and was supported by child guidance staff. There were special tutoring programs. From 1925, Social Work students from Smith College and the University of Minnesota were placed in the clinic.

A history of the clinic was published in 1932, and an extract below gives a feel for how cases were handled. The article, as it is described, finishes after 13 typed pages, with no indication of the author, but there is a hand written note saying the article was sent to Dr Les Stevenson of the National Committee for Mental Hygiene for publication in the *Synergist*.

From the group Consideration of applications are developed decisions on acceptance, rejection or steering to other sources of help, tentative assignment of type of service and worker responsible for initiating the study. Types of Service Rendered on Cases Certain cases are accepted for "full clinic" study - social study by a clinic social worker, psychological tests, physical examination and psychiatric interview - with a tentative plan for its becoming a treatment service case or a diagnostic study.

Whenever the case is referred by another case-working agency or it is learned that such an agency is active, a "cooperative" study is arranged, covering the same approach but with the responsibility for social study to be left with the social worker of the active agency in consultation with the "cooperative" worker

of the clinic. Such cases may also have a tentative assignment of treatment service or diagnostic service.

Certain other cases are accepted for "Special" service, to be handled by social worker, psychiatrist or by both without psychologist or by psychiatrist and psychologist without social worker until the service is completed or converted into a "full" service case. Other cases are accepted for psychological examination only.

Of late there have been a number of children between three and five referred on account of retarded speech development associated with problematic hearing defect which have been accepted for periodic observation by psychiatrist and psychologist. Social workers of other agencies have on occasions sought a consultation with the psychiatrist on problems of adults or children not referred for study by the Clinic.

Current practice at the clinic has changed enormously if website information is accepted but the commitment to disadvantage has been retained. Originally a free service, the clinic now has fees, but has a sliding scale for underinsured families. They claim to be "a nationally recognized outpatient mental health clinic, open to anyone who is in need of mental health assessment, diagnosis, or treatment".

The statement on children is strong and clear: "We serve children who may be experiencing social or personal challenges. Wilder also serves children who have experienced significant trauma and may have very complex mental health needs. Our staff are able to diagnose and treat behavioral and emotional disorders including post-traumatic stress. We offer culturally competent services for Southeast Asian children and families and employ a bilingual staff and case managers".

- School Issues
- Emotional or Behavioral Issues

- Problems with Friends
- Isolating Behaviors
- Defiance or Disrespect
- Changes in Mood or Behavior
- Aggression or Hurting Others
- Traumatic Events
- Self-Harm
- Uncontrolled Outbursts
- Difficulty Focusing or Paying Attention
- Hyperactivity

Exploring other parts of the website reveals other significant aspects of the Foundation. On the Board is a Hmong psychologist and Hmong and Vietnamese staff occupy important positions. There are ten positions for fellowships to study aspects of the work at the Foundation. The cultural mix of Board membership and of the management group is diverse, as well. All programs are associated with the Research department. One can only think that AHW would be proud!

Jo Grimwade

Newsletter Items

New CEO for Mental Health Commission.

A psychiatrist with over 20 years' experience in mental health leadership and advocacy has been appointed CEO of the National Mental Health Commission. Dr Peggy Brown is currently the Chief Psychiatrist with the Northern Territory Department of Health and Acting Director of Medical Services with Metro South Addiction and Mental Health Services in Brisbane. Her roles in the past have included ACT Health director general, chair of the Queensland Mental Health Commission and Chair of the Australian Health Minister's Advisory Council.

Dr Brown replaces David Butt, who has led the Commission since January 2014. Professor Allan Fels, chair of the Commission, says Dr Brown will bring a wealth of experience to the role. He also thanked Mr Butt for his role in the report on National Review of Mental Health Programs and Services.

Consultation welcome on draft Fifth National Mental Health Plan

The following statement was issued by the National Mental Health Commission relating to the community is being invited to have their say on a new national plan that aims to improve the lives of people with mental health issues.

Minister for Health Sussan Ley said the consultation draft for the Fifth National Mental Health Plan has been approved by the Australian Health Ministers' Advisory Council (AHMAC) on behalf of all Health Ministers and is now ready for public comment.

"This is an important document and has been widely anticipated by the mental health sector," Minister Ley said.

"The Fifth National Mental Health Plan articulates national priorities for collaboration across states and territories, the Australian Government, the sector and consumers on mental health for the next five years.

"Mental illness is a significant health and social issue. One in five Australians aged 16 to 85 years will experience a mental disorder each year and almost half will experience a mental disorder in their lifetime. In addition, almost one in seven young people aged four to 17 years were assessed as having a mental disorder in the previous year.

"The Fifth Plan recognises that consumers and carers need to be at the centre of the way in which services are planned and delivered and is focused on actions that will genuinely make a difference for consumers and carers.

"The Fifth Plan contains seven priority areas, which have been identified for action in close collaboration with the mental health sector."

The seven priority areas include:

- Integrated regional planning and service delivery

- Coordinated treatment and support for people with severe and complex mental illness
- Suicide prevention
- Aboriginal and Torres Strait Islander mental health and suicide prevention
- Physical health of people living with mental health issues
- Stigma and discrimination reduction
- Safety and quality in mental health care.

Minister Ley said people in all states are able to provide their feedback on the Plan through a series of consultation forums across the country.

"The Department of Health is partnering with Mental Health Australia to hold consultation meetings in all capital cities, with additional forums to be held in Townsville and Alice Springs between 3 November and 2 December this year," Minister Ley said.

"These sessions are open to everyone, and all feedback on the Plan is welcome.

"The consultation draft will be published on the Department of Health's website in the coming days, and people can also have their say through an online survey or provide submissions on the draft Plan."

Views expressed during the consultation process will inform the finalisation of the Plan, which will be considered by AHMAC and the COAG Health Ministers' Council early next year.

Three items from "Emerging Minds: Better, cost-effective depression treatment for teenagers

Depression is one of the most common mental health issues that teenagers face, with a significant cost burden on the health system. However, a new study published in JAMA Pediatrics has found that [a collaborative care approach to treat teenage depression was significantly more effective in treating depression than standard care with only a](#)

[small increase in costs](#). The collaborative care approach involved a depression care manager who worked with the teenager, family and doctors to develop and support the implementation of the treatment plan. Nearly 70% of the teenagers in collaborative care had a significant decrease in their symptoms compared to 40% of teens in standard care.

Working with families whose child is bullying

[Children who are perpetrators of bullying at school are at high risk of continuing this pattern of antisocial behaviour and having mental health issues as they grow older.](#) Bullying is often thought to be a school-related issue; however, it is also a family issue, as bullying behaviour is affected by the family environment. Early intervention should involve working with families to stop the bullying and reduce the risk of later adverse life outcomes.

Stronger communities, safer children

[This resource developed by Child Family Community Australia summarises the findings from recent Australian research on the importance of community in keeping children safe.](#) It emphasises that communities matter to children, and all Australians can play an important role in helping to protect children and support families within their community

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**](http://mhyfvic.org)

2016 MHYF Vic Committee

- * President : Jo Grimwade
- * Vice-President : Jenny Luntz
- * Past President: Allan Mawdsley
- * Secretary : Celia Godfrey
- * Treasurer : Anne Booth
- * Membership Secretary:Kaye Geoghegan
- * Projects Coordinator, Kylie Cassar
- * WebMaster, Ron Ingram
- * Newsletter Editor, Allan Mawdsley
- * Youth Consumer Representative, vacant
- * Members without portfolio:
Suzie Dean, Miriam Tisher.