



MHYF Vic Newsletter No. 66 July 2019

This edition

MHYFVic Annual General Meeting 2019

MHYFVic submission to the Victorian Royal Commission on Mental Health.

History Corner 2019

MHYFVic AGM

The MHYFVic Annual General Meeting will be held at 7.30pm on Thursday 22nd August 2019 at Pacific Rim restaurant, 68 Bridport St, Albert Park (corner of Ferrars Street).

Please obtain your ticket by logging on to www.trybooking.com to event BEHOJ.

Members are asked to be early enough to submit meal orders before the AGM so that the food can be served immediately afterwards.

Nominations for election as office-bearers should be made on the form accompanying this newsletter and should be returned to the Secretary at least one week before the AGM.

The after-dinner speakers will be Ross Mortimer and Chris Lewis. The topic will be:

Not working in silos:

Working with young people with mental health and AOD issues.

This session will explore the Tracks program, a youth AOD service that screens young people

into the service, rather than out. Speakers will explore the benefits of working with young people on both mental health and AOD issues rather than segregating their symptoms into separate services.

Ross Mortimer has nearly 30 years experience in the AOD sector, the last 18 as a family therapist. He is currently working in the Tracks Program, a youth AOD service. Chris Lewis is employed as a peer leader and mentor with the Tracks program. Chris has 9 years' experience with the Tracks program, having started as a client of the service at age 15.

MHYFVic Submission to the Royal Commission on Mental Health Services in Victoria.

MHYFVic made a submission that summarises our views on the matters covered by the Royal Commission's Terms of Reference and our recommendations for solutions. Its main themes were:

Mental Health Services in Victoria are fundamentally flawed because there is no coordinating strategy. Mental disorders are very prevalent, affecting some 15% or more of the population at any one time, with serious social and economic consequences, and therefore requiring considerable resource

allocation. The disorders range from mild to severe, with services provided by a multiplicity of agencies that are uncoordinated and piecemeal in their availability, funding and coverage. Public sector specialist services are currently focussed on the most severely mentally-ill 2% of the caseload, whereas the majority of less severe cases are undertreated and find considerable barriers to obtaining specialist services (other than in private practice, if they can afford it). Yet it is that underserved group which produces the greatest number of suicides, distress and economic loss. This is addressed in Section One of the submission.

MHYFVic proposes a coordinating strategy for public sector mental health services collaborating with other public and private health service providers to ensure improved access within existing resource allocation and a more planful method of allocating future additional resources.

At the administrative level this involves specialist inpatient Tier One mental health services located in the hospital system, generalist Tier Two mental health services located in Community Health Centres, and Tier Three health, welfare and educational services in the community having access to support from the Tier Two services. The Tier Two services would have specialist staff deployed from Tier One services so as to provide the CAT (Community Assessment and Treatment) Teams and perform Intake assessments and consultancy for all three Tiers. In this way specialist staff would control inpatient admissions and provide consultant support to other service providers. No client would be left without service because the Tier Two intake workers would be responsible for service coordination. This is discussed in Section Two of the submission.

At the professional practice level, services would operate within a family developmental approach. This results in a family-based case plan integrating the various service components necessary for optimal outcomes. Included in our submission are protocols for professional functions related to access, family engagement, case planning and monitoring. This is discussed in Section Three of the submission.

MHYFVic advocates a set of strategic priorities for service delivery. Section Four of the submission includes commentary on each of these problematic areas. These are:

- [a] Prevention services
- [b] Improved access with family engagement
- [c] Services for aboriginal mental health
- [d] Services for children in out-of-home care
- [e] Early intervention services for mother and infants
- [f] Services for elderly people and their families
- [g] Services for substance users with mental health needs
- [h] Services for anti-social youth and adults (including adult ADHD)
- [i] Services for those who self-harm.

The closing part of the submission makes further comment on the resource implications of our submission and refers to the questions raised in the Royal Commission's invitation by cross-referencing our views on those topics.

If you wish to read the whole submission it can be downloaded as a pdf file from the "Hot Issues in Mental Health" section of the MHYFVic website. {mhyfvic.org}

HISTORY CORNER, 2019

People ask: "why history?": a new answer has occurred to me with MHYF Vic's submission to the Royal Commission into Victoria's Mental Health system (RCVMHS). In an appendix to

the submission, we included the History Corner from the beginning of this year, a listing of mental health legislation from the time of the founding of the Port Phillip district.

Through this MHF Vic newsletter column since 2011, I have been able to trace the practices of child and adolescent mental health services back to Aristotle around 270 BCE. In the 1500s, there were major contributions by Desiderius Erasmus Roterodamus (1535), *On Civility in Children* or *On Good Manners for Boys* and Thomas Phaire's (1545) *The Boke of Chyldren*. The following is a series of highlights in our history, that bring us to the RCVMHS and the MHYF Vic AGM.

Modern mental health services can be dated from 1842 with the founding of the British Medico-Psychological Society, which was the collection of the superintendents of asylums. Among their number was a Scot, WAF Browne, author of *What asylums were, are, and ought to be*, in 1837, and father of James Crichton-Browne, who at nineteen years of age presented a thesis: *Psychical diseases of early life* in 1859, which was published in the *Journal of Mental Science*, in 1860. Crichton-Browne systematically documented the range of known child mental health problems.

A little earlier, West, who founded the Great Ormond Street Hospital for Sick Children in 1852, published chapters on idiocy and disorders of high order brain function in 1854.

The Port Phillip District conducted a Royal Commission into Charitable Institutions (1870), the same year that the beginnings of the profession of Social Work in the USA with the National Conference of Charities. This led to the foundation of the first Social Work degree in New York in 1898. This was the first of the modern professions that shaped the formation of the child guidance movement.

A year later saw the publication of the book that the author of the book of the new

millennium, *The interpretation of dreams*. This was a book for professionals, but also one for a wider public with interest in the mind and personal life.

1904, Kraepelin's sixth edition of his book on psychiatric diagnosis differentiated manic-depressive and dementia praecox as two types of psychosis.

1907 Witmer founded the first applied psychology clinic; which was focused largely on educational assessment

Clifford Beers founded the Connecticut Committee for Mental Hygiene and then later the National Committee for Mental Hygiene, beginning consumer advocacy for mental health treatment and collaboration with carers and consumers

Theodore Roosevelt's Presidential Conference on Childhood in 1909 led to Healy's research on the causes of delinquency (published 1915). Roosevelt at the same time was establishing the great American National Parks for which he celebrated by the introduction of the "Teddy bear", which has had quite significant on Western childhood, as well!

In 1915, Freud's papers on technique were produced, especially the classic: *Remembering, repeating, working through*.

1917 saw the foundation of Judge Baker Child Guidance clinic under Healy and Fox Brenner. In the same year was the publication of Mary Richmond's exposition of the practices of the new profession of social work: *Social diagnosis* With the end of Great War in 1919; evidence was provided by Freud of the treatment of trench fever by psychoanalysts, especially through investigations of nightmares.

Foundation of Melbourne's first Child Guidance clinic under John Williams occurred in 1925. Leo Kanner's *Child Psychiatry*, published in 1935, marked the designation of another child mental health profession

1949 was the year of the foundation of the international Mental Health movement out of the demise of the Beers' Mental Hygiene movement.

In Melbourne in 1989, the Coalition of child and adolescent mental health professionals was formed upon the suggestion of Dr Allan Mawdsley and following the inclusion in the 1986 Mental Health Act of consumer and professional participation in policy and procedure development. The first President of the Coalition was Dr Winston Rickards. This gave rise to two other organizations: a national advocacy group (Association of infant, child, adolescent, and family mental health in Australia; AICAFMHA, now called Emerging Minds) and MHYF Vic.

MHYF Vic has come of age, twenty-one years, started in 1998 out of the need to keep focus on developing Victoria's services for children and families, and with founding President, Winston Rickards, and second and immediate past President Allan Mawdsley.

The RCVMHS brings together a history of innovation in procedures, practices, professions, patient participation, and theory spanning about one hundred and twenty years. MHYF Vic in its submission observed the movement across this time period toward a family approach, developmental understanding, consumer participation, and collaborative case work. In the wider areas of governmental policy there has been the same trajectory toward collaborative participation in family-based services for aboriginal mental health, post-natal depression, domestic violence, school-based clinics, restorative justice, drug and alcohol services, services to the elderly and their families, and out-of-home care.

We hope that the innovations, suggested by MHYF Vic, are perceived by the

Commissioners to represent a deep understanding of the history of this field and of its trajectory. And that the innovations are practical and unifying.

We encourage all who would like to join with MHYF Vic in making the collection of mental health services that exists in Victoria today into a comprehensive system based in prevention and early intervention. Come to the AGM, participate, join the committee, and replace those of us who have worked for the past thirty years to improve our services.

Jo Grimwade

2018 MHYF Vic Committee

- * President : Jo Grimwade
- * Vice-President : Jenny Luntz
- * Past President: Allan Mawdsley
- * Secretary : Cecelia Winkelman
- * Treasurer : Anne Booth
- * Membership Secretary:Kaye Geoghegan
- * Projects Coordinator, Allan Mawdsley
- * WebMaster, Ron Ingram
- * Newsletter Editor, Allan Mawdsley
- * Youth Consumer Representative, vacant
- * Members without portfolio:

Suzie Dean, Miriam Tisher, Celia Godfrey.

MEMBERSHIP SUBSCRIPTIONS

Our mail address is PO Box 206, Parkville, Vic 3052. If you prefer to pay your \$50 sub by Direct Funds Transfer, the BSB is 033 090 A/C Number 315188 with your name in the Reference tab. It would be appreciated if you could also send a confirmatory email to admin@mhyfvic.org