Mental Health for the Young and their Families

MHYF Vic Newsletter No. 74 January 2021

This edition

WINSTON RICKARDS ORATION

The 2020 Winston Rickards Memorial Oration which was deferred from its originally planned date because of the Covid-19 pandemic, has now been re-scheduled to be in the Ella Latham Lecture Theatre at the Royal Children's Hospital on Monday 19th April 2021 at 7.30pm.

"The Elephant leaves the Room"

Professor Frank Oberklaid will discuss the place of child and adolescent mental health in public health care.

The National Children's Mental Health and Wellbeing Strategy

The National Mental Health Commission has been tasked with developing this Strategy as part of the Australian Government's ***Long-Term National Health Plan.*** This Strategy is the first of its kind, with a focus on children from birth through to 12 years of age, as well as the families and communities that nurture them. The Strategy outlines the requirements for an effective system of care for children, and seeks to create a new, shared understanding of the roles of families, communities, services, and educators in promoting and supporting child mental health and wellbeing.

Given the complexity of the current system, we did not want to argue for new services to be added. Rather, we aimed to develop a roadmap to effectively restructure and improve what was already in place and to support the many thousands of committed professionals working in this area.

Eight principles, shown diagrammatically in the next column, have underpinned the strategy:

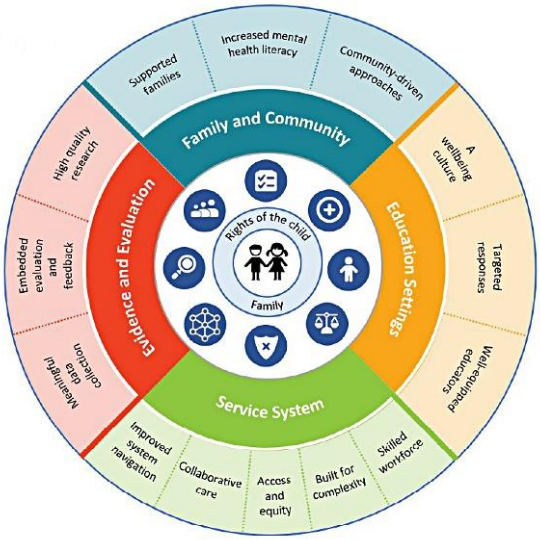
There are four focus areas:

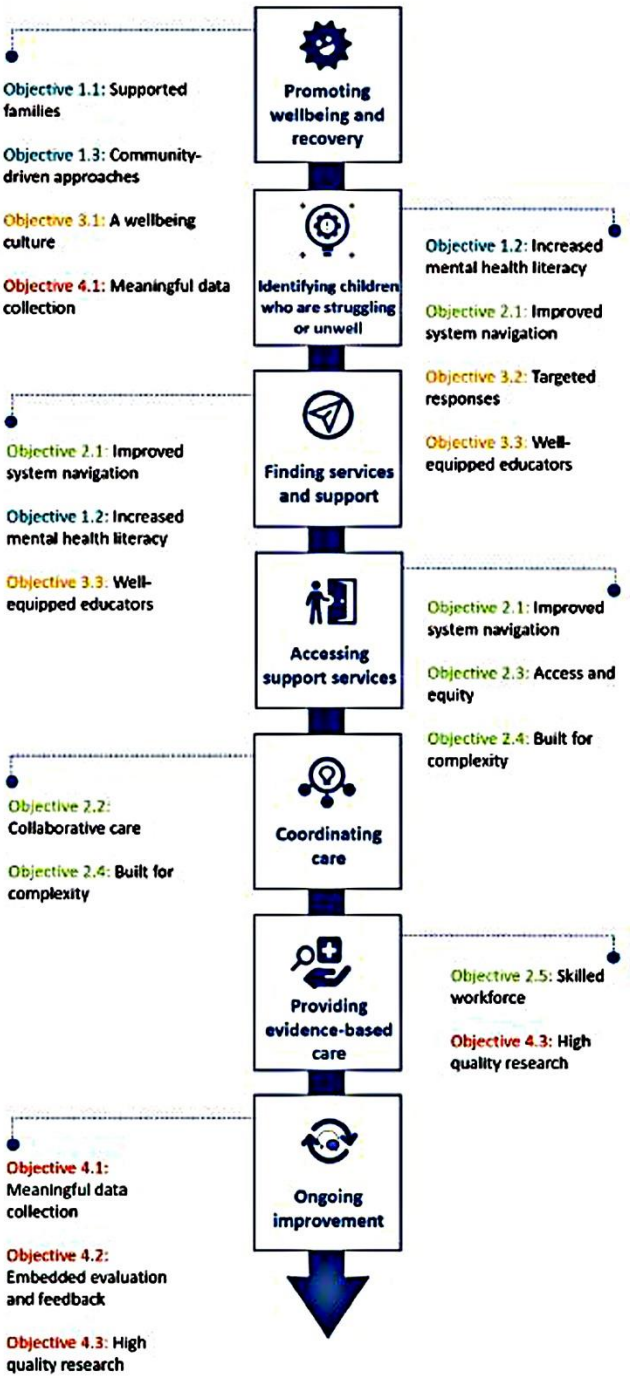
1. Family and community
2. **The service system**

3. Education settings

4. Evidence and evaluation

Each focus area contains key objectives that need to be achieved, and each objective has multiple associated actions that are required to realise an optimal child mental health and wellbeing system. See diagram.





The whole approach is based on a continuum of mental health and wellbeing from healthy to unwell:

HEALTHY Children experience a state of positive mental health and wellbeing.

COPING Children experience challenges to their mental health but are equipped with the mental resources to manage these effectively.

STRUGGLING Children experience challenges to their mental health and are not managing these effectively and need additional support.

UNWELL Children experience mental illness and considerable challenges to their wellbeing. They need additional support to manage and recover.

The optimal mental health system includes universal services and programs that help children remain in, or move to, the healthy end of the continuum. In addition, it would provide targeted supports and services for children who are struggling or unwell. The Strategy proposes that children should be able to access funded services at the point that they are beginning to struggle, rather than only once they are unwell and have received a diagnosis.

Focus area one: Family and Community

The Strategy highlights the importance of *empowering families* to promote mental health and wellbeing as part of routine parenting, and to actively collaborate with services when required.
The importance of *community-based approaches* to health are also emphasised.

Objective 1.1 Supported families

- Support for families should begin with addressing risk factors and challenges in the perinatal period.
- Identifying parents who may be struggling is an effective strategy in promoting the wellbeing of their child.
- Parenting programs should be promoted to all families at key developmental stages as a way of supporting child development.
- Universal supports, such as parent helplines and antenatal courses, should also be promoted.
- Children not engaging with early childhood learning or primary school warrant systematic and proactive support.

Objective 1.2 Increased mental health literacy

- Parents and carers may not recognise the signs of poor mental health in their child.
- Signs that children are struggling can look different depending on developmental stage and may be impacted by culture and language background.
- Increasing mental health literacy and reducing stigma must be supported by the whole community.

Objective 1.3 Community-driven approaches

- Social and geographical environments have significant impacts on mental health and wellbeing.
- For children experiencing significant social and economic disadvantage, the needs of the broader community should be addressed to improve the mental health and wellbeing of the child.
- Strong and supportive relationships both inside and outside the home can have a protective effect on mental health and wellbeing.

Focus area two: The service system

The strategy recognises that the current mental health system is in need of great reform.

Objective 2.1 Improved system navigation

- A lack of clear, consistent information about where to seek help delays access to services and creates additional stress and burden for families.
- Existing navigational tools should be expanded to assist families to find local supports.
- A model of integrated family care should be established and networked across Australia.

Objective 2.2 Collaborative care

- Collaborative care is a model that relies on multiple service providers and family communicating about what a child needs.
- Increases in collaborative care approaches are required to ensure everyone understands what they need to do to support the child. This must include parents and carers.

Objective 2.3 Access and equity

- Many families are unable to access timely treatment, including due to high out-of-pocket costs, long waiting lists, dependency on diagnosis for treatment or high severity thresholds.
- Resourcing, training and integration of face-to- face and telehealth approaches must be increased to improve access to supports.

Objective 2.4 Built for complexity

- Children with complex needs are more likely to be turned away from support, as providers may not have the

skills or resources required.

- Priority access should be given to at-Objective 2.5 Skilled workforce risk cohorts, including children in State care or in contact with the justice system.
- Aboriginal Community Controlled Organisations should deliver supports for Aboriginal and Torres Strait Islander communities wherever possible.

Objective 2.5 Skilled workforce

- Increased incentives for training in child and family mental health are required to encourage increased workforce participation, including in regional and remote areas

Focus area three: Education Settings.

The Strategy emphasises the important role that educational settings play in promoting mental health and wellbeing in children, and discusses the additional supports that may be required for educators to continue to build positive wellbeing cultures.

Objective 3.1 A wellbeing culture

- There is currently wide variation between schools and early childhood learning services in the culture around mental health.
- Some education settings have policies and procedures that contribute to stigma.
- Introducing dedicated wellbeing staff and proactively promoting resources and support in education settings will assist educators to build positive wellbeing cultures.
- Wellbeing programs should be included in early childhood curriculums and offered through after school and school holiday activities.

Objective 3.2 Targeted responses

- early childhood learning services and schools should have a wellbeing plan in place, tailored to meet the needs of their students.
- Additional guidance is required to enable educators to discuss mental health concerns with parents and carers.
- Proactive outreach procedures should be developed to respond to student disengagement, using trauma informed approaches.

Objective 3.3 Well-equipped educators

- Professional training and clear guidelines and processes should be developed for educators to follow when they believe a child or family is struggling.
- Dedicated wellbeing staff should establish and maintain strong relationships with local service providers such as paediatricians and psychologists, to promote collaborative care.
- Educators should be supported to undertake additional learning on mental health, including with paid protected time for participation.
- All educators should have access to avenues for support for their own mental health and wellbeing.

Focus area four: Evidence and Evaluation

The Strategy speaks to the importance of embedding a culture of evaluation in order to enable an optimal system of programs and services which provides consistently high quality supports for children and families.

Objective 4.1 Meaningful data collection

- Children's mental health is an area where key population data are missing and there is currently no regular national data collection or reporting regarding children's overall mental health and wellbeing.

- A lack of data sovereignty means that programs or policies fail to reflect Aboriginal and Torres Strait Islander priorities, values, cultures, worldviews and diversity.
- Increased and diversified data collection needs to be undertaken to inform delivery of programs and services.

Objective 4.2 Embedded evaluation and feedback

- There is a growing number of clinical services and programs targeted at children's and families' emotional wellbeing.
- Only a small number of programs have robust evaluation embedded into program design. Service providers should be required to build evaluation into their programs.
- Those using services have a valuable and essential perspective for informing service delivery.
- Evaluations are most useful when they focus on the key outcomes that are important and meaningful to the children and families who have used a service.

Objective 4.3 High quality research

- Unlike youth mental health, there have been no national reforms or a framework for research focussed on children in Australia. There is also an overall lack of community consultation and trials in child mental health.
- Current ethics processes often make research with children challenging. Concerns around the vulnerability of children as a cohort could be better managed through including children and families in the development of research.
- In the optimal system, children would receive measurement-based care with treatment improved based on ongoing feedback.

The National Children's Mental Health and Wellbeing Strategy has now been released for public consultation. The government and the Mental Health Commission is interested in receiving comments from stakeholders and interested parties. The on-line feedback portal can be accessed at https://consultation.mentalhealthcommission.gov.au/policy-projects/childrens-mental-health-and-wellbeing-strategy/ until Feb 15th. The feedback received will be considered as part of finalising the Strategy.

Interventions for children on the autism spectrum:

There are many interventions available for children on the autism spectrum. Learning about and navigating these interventions can be challenging for families, clinical practitioners, and educators.

Autism CRC has completed a report, entitled ***Interventions for children on the autism spectrum: A synthesis of research evidence***. The report includes two reviews:

- narrative review, to provide an overview of interventions for children on the autism spectrum and their use in Australia
- umbrella review, to understand and summarise the evidence base for interventions for children on the autism spectrum.

The review was commissioned by the National Disability Insurance Agency and completed by Autism Cooperative Research Centre through the work of a team that included researchers with a diverse range of professional backgrounds.

A community summary provides a brief overview of the narrative review, which explored the interventions for children on the autism spectrum and their use in Australia. It is available from their website:

https://www.autismcrc.com.au/

HISTORY CORNER, 1933:

Travancore

The Victorian Government bought the Travancore estate in 1927, but it was not until 1933 that it was then venue for health and welfare services for the provision of children. The history of the land spans the transition of Melbourne from squattocracy to urban capital. The history since 1933 presents the history of services to families. It is also an example of connection to the sub-continent symbolized in the naming of streets. Possibly the street names are the only real remaining connections between pre- and post-1933 apart from the front gates of Flemington Primary School.

Hugh Glass (1817- 1871), speculator, squatter and merchant, was born at Porta Ferry, County Down, Ireland, the son of Thomas Glass, merchant, and his wife Rachael, nee Pollock. In 1840, he migrated to Victoria and began farming on the Merri Creek; by 1845 he had established himself as a station agent and merchant. In 1853 he married Lucinda (Lucy), youngest daughter of Contain Nash, a Victorian squatter and station holder.

In 1853, he bought land to the north of Melbourne that followed the Moonee Ponds Creek to Buckley Street, now in Essendon and down along Waverley Street to Epsom road and Racecourse Road. The land sloped down to the Maribyrnong River and was the site of gardens and a lake with both white and black swans and other marvellous plants and animals obtained from exotic places.

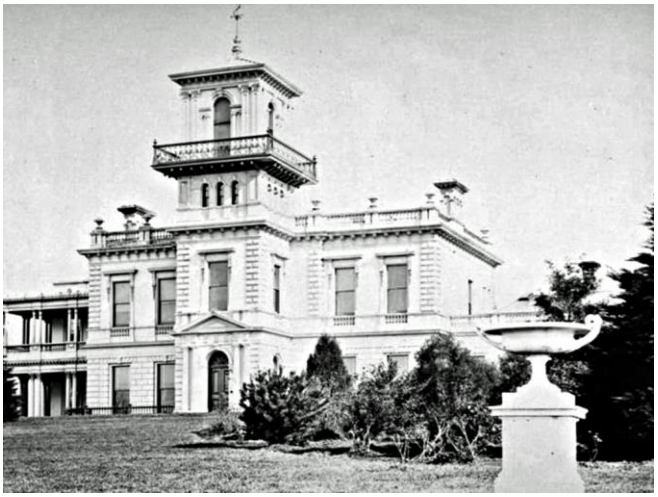
Glass hoped to build the Toorak of the north and soon after the building of Flemington House began, this was subsequently substantially remodified and emerged in 1865, as it can be seen in photographs. The house and land were gifted to his wife, Miss Lucinda Nash. The land was bought for £4100. The house cost £60,000 to build.

It took nearly two years and an army of tradesmen to erect Flemington House with fittings and furniture coming from England. The mansion was of bluestone and brick with a large ballroom, as big as a suburban town hall and twenty bedrooms. It also had a music room, French room, smoke room, billiard room, dining room, library, kitchen with servant rooms off the side and two staircases that run upstairs both sides of entry. This was surrounded by a balcony supported by seventy-two Corinthian pillars and two-hundred and fifty balustrades. Glass built an artificial

lake that ran under the house with an underwater viewing area, which was made of glass that could be lit so people could view the fish, he had stocked from all over world.

Glass imported many brightly plumaged birds and songbirds to keep in the gardens; he also kept emus, kangaroos and ostriches. During the years that followed Glass was improving the Flemington estate, he was actively occupied in managing various large pastoral and agricultural estates elsewhere. Special paddocks were set-aside at Flemington to provide for valuable imported stock before their transfer to properties. Glass filled Flemington estate with several angora goats, deer, llamas, and camels. Some were kept on the estate; the camels were subsequently used in the rescue of Burke and Wills.

In the grounds, numerous glasshouses, arbours, hothouses and aviaries were built. The hothouses and aviaries were moved to Melbourne Zoo after his death in 1871 and are still used today.



The source of the name Flemington is a matter of some doubt with two men being active in the area by the name of Fleming, but Miss Nash's father worked on Flemington Estate in Scotland. Glass also had land in what has become Heidelberg, and this was named after Miss Nash's mother Rose-Anna (now, Rosanna). Glass was a very active landowner and farmer having started the Tahbilk Estate, near Nagambie, and owned a core of runs from which he sent stock to Newmarket sales, the most notable being the Wimmera and Westernport stations of Moyreisk, Nettyallock, Avoca Forest, Bullock Creek, Weddikar, and Glenrowan. All of which sent stock for sale at the saleyards in Newmarket.

In 1859, the Melbourne and Essendon Railway Company was incorporated with 75,000 ten pounds shares, Glass, the biggest property owner in the colony at the time, was chief shareholder. In 1876, the Melbourne and Essendon Railway company was sold to the State Government.

In 1861, he built the Flemington National school opened on the estate owned by Glass. Glass was at his peak in 1862, he was reputed the richest man in Victoria, worth some 800,000 pounds. As a businessman, he was brilliant organizer with a detailed knowledge of law, which he used to his social, financial, and political advantage.

Droughts and failed developments started to affect his wealth at about the time of the completion of the house. His personal life was also under pressure: baby, Lucy, died in 1866 and another daughter, Evangeline, died in June, 1869, aged eleven months. In addition, Glass's own health was deteriorating from cancer of the liver, he died on 15 May, 1871, aged 55 years. The inquest jury found that the immediate cause of death was an overdose of chloral, administered at his own request by his son, with the object of causing sleep to relieve pain. However, the evidence at inquest by two doctors who attended Glass on his death indicated that the dose was fatal only because of his already diseased condition from which he might have died in a few months. The majority of the estate passed into a Trust for the surviving family, with Mrs Lucinda Glass retaining the house and sixty acres. This is the land commonly known now as Travancore estate, bounded by Baroda Street, Mount Alexander Road, and Moonee Ponds Creek.

The trustees sold the land in land boom of 1880s, it was purchased by a syndicate at a very high price but when the boom collapsed the estate was reverted to the trustees. At one time there was wide support for property to be converted to a public park, but the government would not buy the land and house. Subsequent land sales saw Glass's paddock sold in January, 1892, and Moonee Ponds Coffee Palace opened on Puckle Street.

The mansion and a great portion of the property was purchased from the relatives of Hugh Glass by a horse trader named Henry Madden in 1906, he renamed the property Travancore estate after the former southern Indian kingdom of Travancore, now part of the Indian state of Kerala. When the land around Travancore Mansion was sub-divided, many of the streets were named in keeping with the Indian theme, such as Baroda Street, Lucknow Street, Bengal Street, Cashmere Street and Mangalore Street. Some of the houses reflect the Old English architecture of the former Travancore region of India.

Madden and his brothers spent their boyhood and youth living on the estate as their family lived on the estate next door to Glass. Madden subdivided part of the property in 1918 and most of the rest during the 1920s. He retained the mansion and 60 acres until 1926. In 1926 he sold the mansion and land to the Victorian State Government.

Travancore Mansion was purchased by the Victorian Government and became a special education school in 1933. The building was demolished in the 1940s, and the area is now occupied by the Travancore campus of Royal Children's Hospital Mental Health.

The buildings became places of service, but historic features still remain. The Flemington Primary School has the ornate gates that once belonged to the mansion. In the front of the current building stands a magnificent Hoop Pine (*Araucaria cunninghamii*) planted under the auspice of Hugh Glass. The building was pulled down in 1947, but the cellar remained. For many years, The Travancore Developmental Centre was a series of ex-Army huts, apart from the nursing quarters added at the back of the property in the late 1940s (now the home of *Mindful*, see below). In the middle of the site, the old cellar of the house remained. This was filled with concrete when the new buildings were provided in about 1980.

Victorian Government documents provide a much more prosaic version of the child health and welfare services provided from the campus.

- Auspice: Lunacy Department, located in Chief Secretary's Department 1905 - 1934 ; Department of Mental Hygiene, located in Chief Secretary's Department 1934-1937 ; Department of Mental Hygiene 1937-1944 ; Department of Health I 1944-1952 ; Mental Hygiene Authority [statutory authority] 1952-1962 ; Mental

Health Authority [statutory authority] 1962-1978 ; Health Commission of Victoria 1978-1985 ; Department of Health II 1985-1992 ; Department of Health and Community Services 1992-1996 ; Department of Human Services 1996-2010

- Name: Travancore Developmental Centre (1938–68)
- Other names: Travancore Psychiatric Developmental Centre (1968–82); Travancore Special School (1933–38); Travancore Child and Family Centre (1982–current)
- In 1933, the Department of Mental Hygiene established Travancore Developmental Centre for children with intellectual disabilities.
- Travancore comprised a residential centre and a school, as well as a clinic where children were medically and psychologically examined and assessed. Children could remain at Travancore until the age of 14.
- In 1968 Travancore became a residential centre for children and its name was changed to Travancore Psychiatric Developmental Centre.
- The site currently houses the Travancore School – a Department of Education and Training (DET) school that provides educational services to young people who are current mental health clients, and liaises with schools to develop mental health programs for mainstream students.
- Travancore was established in 1933, by the newly-formed Department of Mental Hygiene. Initially, Travancore was established for 'the reception of children who, although mentally defective, are capable of receiving benefit from special instruction'.
- Travancore comprised a residential centre and a school, as well as a clinic where children were medically and psychologically examined and assessed. Children remained at Travancore until the age of 14.
- In 1940, the operations at Travancore were described in an address to the Medico Legal Society:
- 'The school and residential centre takes retarded children following clinic examination. Admission is restricted to types as defined in the new Act [the Mental Deficiency Act 1939] and does not include lower grade defectives. The function of the school is not only to provide education and domestic care, but to promote all-round development, physical, intellectual, emotional and social, to the fullest extent possible; and by so doing, also to prevent psychological disorders and maladjustments. This is in accord with the abundant evidence that many such children are capable of leading happy lives and of becoming socially useful. To achieve this, special emphasis throughout is laid on vocational and social training. It is interesting to note that under this enlightened regime the health and happiness of the children has shown marked improvement, and behaviour problems, formerly not uncommon, are now rare.'
- A newspaper article from 1941 discussed developments underway at Travancore, and referred to changing attitudes towards 'mentally retarded children and adults'. Indeed, the article expressed a hope that, now that prejudice was decreasing, 'they will be able to contribute to the national war effort'!
- 'At the school at Travancore, Flemington, [mentally retarded] children are taught in congenial surroundings, and are helped in every way possible. At a clinic, run apart from Travancore, which is actually the development centre, mentally retarded children are thoroughly examined, and advice is given about their care and management.
- At Travancore children are taught forms of hand and craft work, and last year two boys trained there obtained employment in cabinet-making industries, two girls in tailoring, one girl in domestic work, and three boys on a farm, where they are living under excellent conditions.'
- Life at Travancore was disrupted by the war. In early 1942, the Travancore Developmental Centre was evacuated, when the buildings at Flemington were required by the military. Travancore relocated to Hepburn Springs in rural Victoria. According to the annual report of the Department of Mental Hygiene in 1943:

- 'Thus, the atmosphere of the city at the time of a grave national crisis was replaced by the security and serenity of country life. The Travancore girls who were in employment at the time of transfer are now engaged at the Textile Mills at Daylesford. They have given complete satisfaction to their employer.'
- The work placement of young women from Travancore became known as the 'Moorakyne Hostel'. It began at Daylesford in around 1942, and then was housed in the pre-school block and Travancore returned to Flemington in January 1944. Moorakyne Hostel residents were placed in employment at the Yarra Falls Spinning Mills. The Moorakyne Hostel relocated to Hawthorn in 1950.
- In 1950, the Moorakyne Hostel relocated to Hawthorn. The 1954 annual report of the Travancore Developmental Centre shows 55 children on the books. During the year there had been 34 admissions and 38 discharges.
- The old Travancore building was pulled down (1947) and a new up-to-date building, provided by the Government, is being built. A kindergarten for pre-school mentally handicapped children of four, with accommodation for 25 to 30, will be opened later this year. It is essential that children be admitted to schools like Travancore at an early age, and the kindergarten will fill a long-felt need in this direction.
- In 1968 Travancore ceased to function as a centre for intellectually disabled children and became a residential centre for emotionally disturbed children. In line with the changeover to the care of emotionally disturbed children the institution became known as Travancore Psychiatric Developmental Centre.

The re-development of the site was the vision of the Superintendent of the time, Dr. Tom Cutler, who was unfortunately involved in a motor vehicle collision which resulted in an Acquired Brain Injury. He returned to his role in the new building, but was found unfit for the role, at which time the innovative psychiatrist, Dr Don Bornstein was appointed.

Dr Bornstein was the saviour of the Travancore project during the 1980s and brought international esteem because of its multi-disciplinary approach to casework, where medical, allied health, nursing, and education staff provided programs to inpatients and outpatients on a team-based model of decision-making and service provision. Changes to the model were threatened by a change in school leadership and Dr Bornstein was removed. Soon after, the whole service was incorporated into the Mental Health Service of the Royal Children's Hospital.

The history of the collapse of the old Travancore model and of the merger with the RCH, is known to many. On the MHYF Vic Committee are four people who worked at Travancore at various times and some of whom were involved in the tumult. Connections with staff who transferred to RCH remain strong. The real history of the time remains to be written.

One of the survivors of all these events was Mr Harry Gelber, Social Worker, who will be speaking at this year's MHYF Vic AGM about his time in Community Mental Health practice from Health Department days to contemporary times. After nearly forty-years of full-time work, Mr Gelber is finally reducing his hours of work, but this will not be his swan song! Maybe some of the stories will come out?

Jo Grimwade

MEMBERSHIP SUBSCRIPTIONS

Annual membership of MHYFVic runs for the Financial Year. Only paid-up members are entitled to vote at our AGM, normally held in August each year. Friends and associates who are not paid-up will still receive our electronic newsletters and notices because it is our mission to promote improvements in mental health for the young and their families.

However, it is important to reflect upon the difference between paid-up and non paid-up members.

Membership subscriptions of $50 per annum enable the organisation to maintain its website, mailbox, telephone service and to undertake its administrative tasks. If you value the work that MHYFVic does, we need your financial as well as your ethical support.

Our mail address is PO Box 206, Parkville, Vic 3052. If you prefer to pay 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

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**

2020 MHYF Vic Committee

* President : Jo Grimwade
* Vice-President : Jenny Luntz
* Past President: Allan Mawdsley
* Secretary : Cecelia Winkelman
* Treasurer and
* 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.