Mental Health for the Young and their Families

MHYF Vic Newsletter No. 75 May 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, was re-scheduled for Monday 19th April 2021 but, sadly, had to be postponed yet again because the Royal Children's Hospital restrictions on attendance could not be relaxed to allow the necessary audience. We notified everyone who had registered by the time of the decision but there were several people who came to the venue because they made their decision after the cancellation date. We are deeply sorry for that inconvenience and apologize for not having foreseen and averted that misadventure.

"The Elephant leaves the Room"

Professor Frank Oberklaid's Oration will discuss the place of child and adolescent mental health in public health care. It will be rescheduled at a date to be advised when the venue is again unrestricted.

MHYFVic ANNUAL GENERAL MEETING

The MHYFVic Annual General Meeting will be held on Wednesday 25th August 2021 at 6.30pm at Bleak House Hotel, Beaconsfield Parade, Albert Park (corner of Victoria Avenue).

The event will take the traditional format of a short business component followed by dinner and an after-dinner speaker. The speaker this year will be Harry Gelber, former Senior Social Worker of the RCH Child and Adolescent Mental Health Service. His topic is:

"Hearing the Voice of Children: reflections from a child engagement project conducted at the Royal Children's Hospital",

Advance booking for dinner is required via https://trybooking.com/BRAHA

PREVENTION OF MENTAL DISORDERS

The Prevention Coalition in Mental Health has produced a consensus statement on the prevention of mental disorders. It is available from the 'Prevention United' website https://preventionunited.org.au/consensus-statement/

The key points are:

Mental health disorders cost the Australian community between $43-$70 billion annually. Many common mental disorders can be prevented.
Cost-effective and evidence-based prevention strategies exist, but few are being implemented on a state-wide or national scale.
Investment in prevention will complement existing efforts in early intervention and recovery support and lead to a reduction in the prevalence and negative personal, social, and economic impacts of mental disorders.

Mental health funding should be increased to at least 10% of the overall health budget and funding for prevention should be increased to 5% of the total mental health budget.

The coalition advocates programs in six priority areas.

Priority One: Support parents to help their children thrive.

Prepare new parents for their critical role by supporting their own mental health and wellbeing in the perinatal period as they adjust to one of life's greatest transitions.

- Improve screening for perinatal mental health conditions.
- Provide parents living with a perinatal mental health and/or substance use condition with priority access to appropriate supports and services.

Enable every parent to access the supports and services and the evidence-based information and programs they need to promote and protect the mental health and wellbeing of their children.

- Scale-up home visiting programs during infancy to reach more parents, while ensuring those with the greatest need have equitable access.
- Scale-up existing evidence-based parenting programs and increase their uptake by 'de-stigmatising' these programs through universal public education and awareness campaigns.

Make the prevention of adverse childhood experiences a national mental health priority

- Invest in further development and evaluation of parenting programs that focus on the prevention of adverse childhood experiences.
- Increase access to specialist early intervention services for children and adolescents exposed to adverse childhood experiences.

It is estimated that preventing childhood adversities will lead to a 23% reduction in mood disorders, 31% in anxiety disorders, 42% in behaviour disorders, 28% in substance disorders and 30% in all disorders.

Priority Two: Build children and adolescent's social supports and protective life skills.

Ensure all primary and secondary schools implement evidence-based skills-building programs that prevent mental health and substance use conditions

- Develop a national accreditation system to enable schools to identify and use skills-building programs for the prevention of mental health and substance use conditions which have a strong evidence base.
- Provide direct funding to Australian primary and secondary schools to:
  - enable them to obtain licences to use accredited programs if required
  - support educators' professional development in the use of such programs

  - employ people to support the delivery of such programs in the school (e.g. mental health promotion workers, psychologists, teachers with mental health qualifications).

Ensure all primary and secondary schools implement evidence-based anti-bullying programs

- Conduct an audit of anti-bullying programs used in Government, Catholic and Independent schools to ensure they are evidence-based and properly implemented.

A recent meta-analysis found these programs can reduce bullying perpetration by up to 20% and victimisation by up to 15%.

Priority Three: Support young people and adults to look after their mental health, as well as their physical health.

Raise awareness about 'good' mental health and encourage people to adopt self-care strategies that promote and protect their mental health and wellbeing

- Design, implement and evaluate a public education campaign designed to raise awareness about 'good' mental health and encourage people to take actions that will promote their mental health and wellbeing.
- Trial and evaluate this campaign among a representative sample of the Australian population to determine if it should be rolled-out nationally.

Priority Four: Create mentally healthy workplaces.

Assist employers and employees to work together to create mentally healthy workplaces that promote the positive aspects of work and reduce psychosocial risk factors in the workplace.

- Task the National Workplace Initiative or other body with the role of setting standards and promoting the uptake of evidence-based approaches to influencing workplace psychosocial risk and protective factors across Australian workplaces.
- Provide financial support for selected businesses to access accredited expert advice and support in the design, implementation and monitoring of a prevention-focused mental health strategy for their workplace.
- Tighten legislation and enhance oversight from workplace regulators

Overall, the impact of mental disorders across Australia's workplaces is estimated to be in the order of $11 billion to $12.8 billion each year.

Priority Five: Address the social determinants of mental health.

Close the gap in Aboriginal and Torres Strait Islander social and emotional wellbeing.

- Fund the development and implementation of an Aboriginal and Torres Strait Islander specific framework for the promotion of social and emotional wellbeing and prevention of mental disorders.

Make child, youth, and family wellbeing the focus of government Budget considerations.

- Trial a Child, Youth and Family Wellbeing section to Commonwealth and State and Territory Budgets, focused on initiatives that will improve the mental wellbeing of children, adolescents and youth, and their parents and other caregivers. If successful, this could subsequently be expanded to become a whole of population Mental Wellbeing Budget.

Establish a whole-of-government process to inform the development and implementation

of a Child, Youth and Family Wellbeing Budget.

- Bring together representatives from education, health, human services, and other government departments to consider how their portfolio can contribute to the prevention of mental health and substance use problems among children, adolescents, and young adults.

Priority Six: Strengthen the research evidence and improve data collection.

Provide dedicated funding for research and evaluation into the prevention of mental health and substance use conditions

- Develop a Prevention Research Roadmap to guide action and investment in this crucial area of mental health research.
- Create a National Prevention Research Fund to support ongoing research into the prevention of mental and substance use conditions through competitive and allocated research funding.

Track investment, activity, and outcomes in prevention to ensure we are achieving our goals

- Develop a prevention monitoring framework, in consultation with key stakeholders, and embed prevention indicators into regular national population level surveys and reporting frameworks

At present, most of the mental health funding in Australia flows to mental healthcare and very little flows to prevention. As a result, Australia does not have the prevention infrastructure to successfully reduce the incidence of mental disorders in the community. We need to create this systems architecture.

The science is clear. The prevention of common mental disorders is both possible and costeffective. The way forward is to recognise that prevention is different from, but complementary to, mental healthcare and requires its own unique approach to achieve results.

Prevention requires a public health approach rather than a clinical approach. Public health approaches target groups and communities and seek to influence the underlying 'root causes' and upstream determinants of mental disorders – risk and protective factors – by supporting individual behaviour change and by improving the social environments around people. Key tools include public education campaigns; personal skills-building programs; the creation of supportive environments; strengthening communities to take action; and building mentally healthy public policies.

The implementation of these strategies requires an appropriate infrastructure. Evidence-based prevention interventions already exist but we need delivery mechanisms to ensure they are readily available to the public. This includes prevention specific online platforms that enable us to efficiently reach and engage large numbers of people. It also includes having an appropriately trained mental health promotion workforce to support implementation in the home and education, work and local community settings.

Australia already has some of these building blocks in place. Various organisations are playing some role in prevention and the existing infrastructure they possess, some of the programs they manage and the engagement they have with the Australian public can be readily leveraged to scale-up prevention efforts quickly and efficiently simply by funding them to make prevention part of their core business.

News from 'Emerging Minds'

This item from Newsletter 26 February 2021.

What is self-regulation and why should we care about it?

Self-regulation is the ability to control our thoughts, feelings and behaviours in ways that help us to function day-to-day and achieve our goals. Building self-regulation skills, particularly early in life, lays the foundation for children's positive social and emotional development.

For children, self-regulation assists in key social and developmental milestones such as making friends and building social skills, learning and achieving at school, making good decisions and managing stress.

A child with good self-regulation skills, for instance, might be able to:

- regulate their emotions and react appropriately to different situations
- wait their turn
- persist with challenging tasks; and
- resist the impulse to behave inappropriately.

Strong self-regulation skills in early childhood are linked with a wide range of health and achievement outcomes across the lifespan, including positive mental and physical health, and educational attainment (Moffitt et al., 2011; Robson, Allen, & Howard, 2020). Self-regulation continues to develop across adolescence and young adulthood, but early childhood is a particularly crucial period for self-regulation growth. This positions self-regulation as an important target for early childhood prevention and early intervention.

Which factors are linked with self-regulation growth in young children?

There is a growing understanding of the factors that support growth of self-regulation skills early in life. Key influences identified include:

- rich home learning environments and experiences (e.g. reading books, playing or singing with children);
- positive parenting approaches (e.g . warm, responsive and consistent caregiving) and, importantly, the absence of negative and harsh parenting;
- stronger language and motor development; and
- well-adjusted sleep routines and behaviours (Baker, Cameron, Rimm-Kaufman, & Grissmer, 2012; Hanno & Surrain, 2019; Hindman & Morrison, 2012; Kim et al., 2016; Williams, Berthelsen, Walker, & Nicholson, 2017).

However, very few studies have explored the extent to which these factors (and others) predict change in children's self-regulation over time. A more comprehensive and holistic study of these early childhood factors and experiences would build our understanding of what supports growth of self-regulation skills.

What did this study explore?

This study aimed to identify the most important predictors of growth in self-regulation behaviours in Australian children as they progressed from 4 to 7 years old. Data of almost 5,000 children from the Longitudinal Study of Australian Children were used to investigate a range of possible predictors from the areas of:

- children's health and health behaviours
- children's development
- child-teacher relationships
- home-environment (including family factors)

- children's use of time (e.g. sport, music/dance, TV); and
- neighbourhood characteristics (e.g. socio-economic level of an area).

What did the study find?

Significant predictors of children's self-regulation growth over time were:

- fewer sleep problems, including trouble with night-waking and falling asleep
- stronger gross motor skills (e.g. running, jumping)
- higher pre-academic skills (i.e. foundational skills that support the development of academic skills, such as copying shapes and using a pencil and paper)
- lower levels of emotional dysregulation in parents (e.g. lower levels of anger when providing discipline); and
- lower levels of family financial hardship.

The following factors were also found to have smaller predictive effects on children's self-regulation across time:

- high-quality home learning environments (e.g. parents reading books to children, singing nursery rhymes); and
- positive child-educator relationships at childcare.

How can we use these findings?

This study identifies the most significant factors for enhancing the growth of self-regulation skills in young children. While many prevention and early intervention approaches focus on strengthening children's self-regulation capacities (e.g. the ability to cope with frustration), our findings suggest that these skills could also be supported through addressing key aspects of children's surrounding environment and context.

Specifically, practitioners and parents might consider:

- addressing children's sleep problems, such as identifying and supporting sleep hygiene and consistent bedtime routines
- supporting positive parenting approaches, including those that support emotional regulation in parents
- attending to, and supporting, parental mental health
- providing opportunities to develop language and motor skills
- enhancing the home learning environment through approaches that support parental knowledge, confidence and skills; and
- ensuring positive child-educator relationships that are safe, secure and responsive.

What are the study limitations – and where to next?

The study measures were mainly broad in nature. Future studies should use more precise measures to better understand the exact nature of how children's early experiences and environment might support self-regulation growth. Updated studies may also wish to consider the potential impact of more recent changes to children's lifestyles on the development of self-regulation skills (e.g. children's digital experiences).

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/

News from 'Mental Health Victoria'

The Victorian Government has announced new reforms to expand and support the mental health workforce.

The programs create new jobs in the mental health sector and more training and education opportunities. The Royal Commission into Victoria's Mental Health System recommended the reforms in its interim report. The changes aim to help overcome critical workforce shortages, especially in regional and rural areas.

The Victorian Government has allocated $14.3 million for the workforce readiness package. It includes:

- an extra 29 full-time junior medical officer (JMO) positions across Victoria. This is equal to 130 more JMO psychiatry rotations in 2021.
- an expansion of the Graduate Mental Health Nurse program, creating 80 new positions across the state.
- an extra 35 nurse educator positions in public mental health services across Victoria.
- 70 new Victorian Postgraduate Mental Health Nurse Scholarships.

The JMO program aims to encourage more medical trainees to specialize in psychiatry. Placements are state-wide and ensure access to quality training and support opportunities. From 2023, all medical trainees in Victoria will complete a mandatory psychiatry rotation. This will help all doctors develop essential mental health skills, whether they choose to specialize in psychiatry or not.

An expansion of the graduate mental health nurse program will increase the supply of mental health nurses in Victoria. Graduate mental health nurses will learn a range of skills to support positive outcomes of people experiencing mental illness and their families and carers.

An extra 35 senior nurse educators will support the graduate mental health nurses. Priority was given to positions in rural and regional settings to support growth of the workforce in these communities.

Up to 70 Victorian Postgraduate Mental Health Nurse Scholarships will be awarded to nurses in Victoria. To qualify, mental health nurses must be enrolled in a semester 1, 2021 approved postgraduate course. The scholarship pays the full course cost. Mental Health Reform Victoria has developed the scholarship program in partnership with the Office of the Chief Mental Health Nurse. The

Australian College of Nursing (ACN) is managing applications through its website. Planning is underway to deliver 140 scholarships annually from 2022.

Combatting Domestic Violence

Mental Health Victoria has announced that it is partnering with the not-for-profit organisation "**No-To-Violence**" in developing training programs for working with men who use family violence. Details are available from the NTV website.

HISTORY CORNER, 2021:

Projects ends

Sometime ago, I proposed a celebration of the centenary of the child guidance movement. I could not get people at the Judge Baker, Boston, to join us in a downunder videoconference celebration in 2017 of the effects of that first child guidance program, guided by Healy and Bronner.

On the strength of the success of the Judge Baker, the Commonwealth Fund, a philanthropic fund established by the Harkness family, funded a series of child guidance Demonstration Projects across the United States. Most of them were started in 1922: St Louis, Missouri; Norfolk, Virginia; Dallas, Texas; Los Angeles, California; Twin Cities, St Paul and Minneapolis, Minnesota; Cleveland, Ohio; and Philadelphia, Pennsylvania. In 1927, a new set of projects were launched in other cities. Programs were also funded in Canada and in the Angel Islington in London. Australia was influenced in these endeavours by Dr John Williams who established the first child guidance clinic at the Children's Hospital in Melbourne in 1928.

I have now tried to contact people at all the Harkness Commonwealth Fund (this still exists, but nobody could be contacted) Demonstration Projects and find that most of the projects have been absorbed by local hospitals or by other institutions or have simply disappeared. I am extremely disappointed to announce that I failed to generate any interest in this project and worse, failed to find anybody wanting to be involved in the celebration of one hundred years of child guidance. So the project and my efforts have, failed, sadly.

My interest will not go away, but there are few who have much care for the history of our practices. Below, I will try to articulate the causes of this demise of acquired wisdom; the order does not describe relative importance.

The rise of the A-team

It occurred to me at the IACAPAP conference in Prague in 2017 that topics of importance began with an "A": ASD, ADHD, AOD, abuse, anxiety, anti-social, alienation, adolescence, attachment … this seemed peculiar, and probably does not occur in other languages, but it emphasizes adrift from the work as general to that of specialization. Silos of knowledge have infiltrated our field and make conversations between practitioners and especially between specialists, more difficult. Associated conditions include arrogance and authoritarianism.

"Anxiety", once a common symptom of emotional distress has become a hard category for specialized intervention: it is no longer a sign of something amiss, but now is a mental health enemy targeted by *Beyond Blue*.

Among other effects of this A-team specialism, is the focus upon new solutions and the eschewing of historically acquired wisdom.

Inter-disciplinary work and multi-disciplinary teams

Healy introduced the multi-disciplinary team to child guidance, with doctor, psychologist

(educational) and social worker (parent worker, intaker, and community liaison officer) working together to produce multi-pronged intervention that had the support of informed parents.

Over time other disciplines were absorbed into the team and made valuable contributions as psychiatric nurses, occupational therapists, and speech pathologists. Over time, experienced clinicians from all disciplines became trained to provide the most difficult of mental health roles: therapist. Inter-disciplinary skill bases allowed teams flexibility, but led to the focus on child treatment that permeates mental health clinics today. The capacity to work with different perspectives using different but complementary interventions, has become a bland child-oriented therapy of strategies to deal with anxiety symptoms.

Multi-disciplinary teamwork was an important clinical art that has been lost.

Research-driven approaches to complexity

Empiricism held out great hopes for the improvement of mental diagnosis and treatment. But the collection of diagnostic information has fuelled specialism. In turn, research models of control of variables has led to the documentation of interventions incapable of addressing complexity.

Cognitive-Behavioural interventions work well with mildly affected clients, with single diagnoses, and treated using standardized protocols. Like golden staph, gold standard therapies do not exist outside of institutions. Families are complex and social and environmental factors affect the capacity to live a harmonious life that is conducive to safe and supportive childrearing. Again, the research agenda has destroyed pools of wisdom painfully drawn from years of practice.

Obscuring of moral responses to housing, poverty, violence (and climate change and the corona virus)

Research, in turning its back on history, has also turned its back on moral imperatives. The best way to ensure mental health is through secure and safe housing and through adequate income. By making therapy a technical exercise, the process has been individualized and focused on psychological factors. As climate change and COVID have taught us, humanity needs to work together so that all can prosper.

Drugs: licit and illicit

Another aspect of individualization has been the proliferation of drugs both licit and illicit. Psychopharmacology has focused intervention on modifying brain chemistry over establishing better family and community relationships. Stimulant treatment of ADHD has been a great benefit to families, but once the cyclone has passed, families need to re-learn how to live together.

The overlap between the manufacture of healthy drugs and destructive drugs is very clear in the case of stimulants. Ritalin is speed and very dangerous, but also very helpful. Other amphetamines are quite malignant.

It is a simple fact that drugs alter brain chemistry: ask any coffee or alcohol drinker. It is the context in which these substances are used that determines the social value of them. Usually, too much is associated with poorer outcomes. Interventional programs with drug users need to have investigated the circumstances and the purposes of drug use.

Again, this is a moral issue, not just a psychological one. Without the professional having other trained professionals providing commentaries from different perspectives, the outcome from a family can be captured and encapsulated by specialism.

Moral intervention: the need for an H-team

Hubris is not needed, neither is hatred of history.

Homer described Pandora's Box which Pandora was warned not to open, but did so. All the horrors of the world escaped: homelessness, fear, war, sexual violence, despair, and many, many more. But there was one last thing left in the box, for without it, humanity would be in danger of destroying itself. This was hope.

Among the technical and professional gifts of those who have come before, we need humility, humanity, healing, and hope.

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

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* Vice-President : Jenny Luntz
* Past President: Allan Mawdsley
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