



## MHYF Vic Newsletter No. 77 September 2021

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## **MHYFVic ANNUAL GENERAL MEETING**

The MHYFVic Annual General Meeting was not able to be held as planned at Bleak House Hotel, but was held as an on-line Zoom meeting.

The annual reports of the President and Treasurer were received and the previous committee was re-elected. The President's report is published below.

Sadly, Harry Gelber's after-dinner talk, "**Hearing the Voice of Children: reflections from a child engagement project conducted at the Royal Children's Hospital**" had to be deferred. We hope to hold this as a stand-alone event early next year. Notice will be given in a future newsletter.

### **President's Report**

Welcome everybody to the 2021 MHYF Vic AGM. I am pleased to report on another active year by the MHYF Vic Committee and our endeavours to achieve better outcomes for children and families. As usual, but with the added challenge of the COVID-19 Pandemic, we have not achieved as much as we would have liked to have done, because there is much to do.

A special welcome to new attendees to our AGM. I hope you might find areas of interest to which you might like to contribute. If you have interest, please speak with a Committee member and, of course, we invite new members to our Committee.

Among the apologies, I would like to mention ongoing Vice-President Jennifer Luntz who, sadly, has had a fall and is in hospital for the moment. Nevertheless, her home has been a good place for the Committee to meet, when we have not met on Zoom.

Last year's AGM was our first by Zoom and we were very pleased to hear from Sr Brigid Arthur who addressed us upon asylum seekers and their needs as provided for by the Brigidine Sisters. In the light of recent events in Afghanistan, the importance of this work cannot be underestimated.

This year's AGM was planned for tonight at a Port Melbourne venue, but, alas, no such meeting is possible. Our speaker, Mr Harry Gelber of the Royal Children's Hospital Community Development program, has asked to present at an open forum when people can be present in person. This is not the first thing we have been frustrated not to be able to present this year.

The most important thing MHYFVic achieved in the past twelve months was the completion of the very extensive project: our Best Practice Atlas of child and adolescent mental health. Allan Mawdsley has completed the work and it can be viewed on the website. This has been a massive job. Thank you Allan and his fine supporter, Miriam Tisher.

There has been a long list of things not achieved due to the pandemic: the foremost was the Winston Rickards Memorial Oration 'The elephant leaves the room: An increased (and belated) focus on policy and service reform in child mental health' by Professor Frank Oberklaid AM RCH developmental/behavioural paediatrician and current co-chair of the National Children's Mental Health and Wellbeing Strategy Expert Advisory Group as part of the Government's Long Term National Health Plan. A draft strategy was released last year, and we did provide a response to this document. But we would like him to present his thoughts in our public forum in March, 2022.

We designed a special workshop on Borderline Personality Disorder to improve understanding among child and adolescent mental health workers with Dr Jo Beatson and her staff at Spectrum. Again we are hoping that it may happen next year!

Suzie Dean suggested we should try to gain information from child and adolescent mental health workers on the impact of COVID-19 on mental health organizations and service delivery. We still want feedback from people adversely affected or placed at risk because of procedures, but did not receive a great amount of information on this topic. In the absence of a speaker tonight, we would like participation in a forum on COVID-19 and the mental health of children and families.

Another of the projects led by Suzie Dean has involved a proposed forum on mental health services for Aboriginal children and their families. This has been a long term plan and we hope it will be progressed in 2022.

Another continuing project for 2021 has been the website. Ron Ingram has worked away diligently as ever. We are very grateful for Ron's contribution.

The part we feel most ineffective about is actual inclusion of carers and consumers in our Committee work and general organizational processes. We invite consumers who are present to join us at all levels of our endeavours.

I would like to offer special thanks to Allan Mawdsley for his efforts this year. Especially with the Best Practice Atlas and our Newsletters. I think the Newsletters have improved once more.

Further special thanks are deserved by Suzie Dean, who has done many things again, and hopes to lead an ongoing discussion on the implementation of the findings of the Royal Commission into Victoria's Mental Health Services. We are concerned that services for children might not be enhanced as money is invested in infrastructure, rather than in programs of service delivery. Invitations are open for participation in this working group.

Another who deserves special thanks is our erstwhile Treasurer, Kaye Geoghegan. She is also our membership secretary. She will present our state of finances shortly.

Special thanks are also due to Cecelia Winkelman, our erstwhile and exceedingly prompt, Secretary. She makes the work of others much easier.

Thanks, also, to Miriam Tisher for her wise head and detailed attention to the Atlas project. Miriam always can take a refreshing perspective on the many matters that present.

Thanks are also due to Celia Godfrey who helps with liaison behind the scenes with various parts of the RCH.

So we move into 2022 with a full agenda. Fortunately, we have a number of held-over events already planned! That is, of course, if forums are possible in 2022.

Thank you for your attention.

Jo Grimwade  
President

## **News from ‘Mind Australia’**

Mind Australia is a community-based organization supporting persons with mental health problems, particularly those who have needed hospitalisation. Its Winter 2021 newsletter describes a program called ‘My Better Life’, which it has developed to assist recovery.

My Better Life® features a recovery planning tool built on Microsoft Power App. The My Better Life plan® tool is a structured, evidence-based, co-designed and co-produced recovery tool. It supports the Mind practitioner and client through a person-centred recovery planning process and puts the client and the important people in their life at the centre of service delivery.

We know that every person's recovery journey is a very personal one, and needs a flexible, person-centred approach. Mind has developed the My Better Life® model to provide clients with just that. By supporting clients to make changes that are meaningful to them, the goal is to assist clients to become empowered in managing their own wellbeing, including housing, and reduce reliance on formal support systems and healthcare.

The My Better Life plan®...

- assists the client, the important people in their life and their worker to identify clear life areas for support and also what mix of services could best help the person reach their recovery goals
- promotes meaningful engagement through curious and rich conversation that focuses on whole-of-life wellbeing
- supports the development goals which are clear, meaningful, feel possible and are important to the client
- facilitates ongoing real-time assessment of where the client is at with their wellness and recovery.

Mind mental health practitioners provide practical day-to-day and motivational support to help the clients develop the skills they need to move on, thrive, and improve the quality of their lives. It is an

approach to goal setting and recovery that draws on the tradition of Motivational Interviewing and Implementation Intentions. It provides client choice and control in the recovery process because it is based on conversations between the client and their support worker about the client's views, values and motivation for change across key life areas. It reinforces their intention to achieve change by supporting them to make specific plans to carry out that change.

A person's My Better Life plan® helps guide which individual and group activities will support achievement of their personal goals within a model of care that is built to address the life domains important to health, quality of life and wellbeing. Mind complements the data collected through My Better Life® with surveys that measure client outcomes in a feedback system called 'Getting Better Together'. More detail is available on the Mind Australia website.

## News from the RCH

### Centre for Community Child Health

The Centre of Research Excellence (CRE) in Childhood Adversity and Mental Health is working to co-design, test and evaluate an integrated child and family hub for families in Wyndham Vale, Victoria.

The Centre of Research Excellence (CRE) in Childhood Adversity and Mental Health is a five-year research program (2019-2023) co-funded by the National Health and Medical Research Council (NHMRC) and Beyond Blue.

The CRE is working in partnership with Wyndham City Council and IPC Health to co-design, test and evaluate an integrated Child and Family Hub model of care for families with children from birth to eight years living with adversity in Wyndham Vale, Victoria.



Co-design is the active involvement of a diverse range of participants in exploring, developing, and testing responses to shared challenges (Blomkamp, 2018).

The CRE recently completed an intensive ten-week co-design series which involved seven half-day workshops with a core team of five local practitioners representing health, education, and social services and two local community members.

To guide the co-design process, the CRE used client personas to illustrate what a typical client journey through the Hub may look like. The design team then mapped out the barriers for addressing adversity at the individual, service and system level and then developed several prototyped solutions

for overcoming these barriers. For example, one of the solutions was to use multilingual posters in the waiting room to better engage families in the service.

The solutions were tested with over 100 people, including children, families and practitioners, and then further refined based on feedback received.

The CRE is planning to implement the co-designed solutions into the Wyndham Vale Child and Family Hub in November 2021.

Six components and activities will be implemented:

1. Family partnerships
2. Entry to the Hub
3. Workforce development
4. Case-based discussions
5. Referral pathways into and out of the Hub
6. Care navigation.

The integrated hub model of care will be tested for 12 months and evaluated using a mixed-methods realist evaluation approach.

For more information on the CRE in Childhood Adversity and Mental Health, and to subscribe to their newsletter, visit:

<http://www.childhoodadversity.org.au>

## **HISTORY CORNER, 2021:**

### **English language**

There are many parts of our professional and cultural history that have been reported in this column over the past ten years. There are many more stories that could be told. But here I begin a new version of the historical theme: wordSmyth. Each issue of wordSmyth will describe the history and etymology of common mental health and associate terms such as "stress", "resilience" "independence", "autonomy", and will venture into psychodiagnostic terms, as well. Psychodiagnostic history was the subject of a History Corner in 2014.

Etymology is a strong interest of mine, as will be seen. Words, according to Sanders (1995) are amber containing the traces of our past cultures. Looking to the roots of words tell us about how we think and have thought.

The English language is of Germanic origin, but has been colonized by many waves of Latin interest, whether in the second century (Roman), in the eleventh century (French), and after the Renaissance. The advent of writing and the printing press made books more accessible to the educated classes and such education drew Latin and Ancient Greek sources into the vocabularies of the educated and transformed Olde English.

One the biggest proponents of this change was William Shakespeare who introduced the largest number of new words into the language (perhaps as many as 1700!) through his plays and other writing. Germanic English was overlaid and plaited with Latin and Ancient Greek.

This describes how English became modern, but does not describe the ancientness of meaning that words have had across cultures. If speaking in language goes back 100,000 years, the continuity of meaning that is buried in the Latin and Ancient Greek is quite stunning to contemplate. Further, new words can be invented that follow the old rules. Of course, not all words maintain the same meaning and the changes do map social and cultural changes.

This is not just academic fussiness. The way words are translated has real life effects. The words used to describe innovations may not translate easily into other languages, except by simple adoption. For instance, the English language has three words to describe what is now called “getting the jab”, but was once called “having a shot”, or “getting a needle”.

Vaccination has something to do with cows. Immunity is a word taken from diplomacy referring to the local laws not applying to members of foreign embassies (*munos*, from the Latin, the language of the original diplomats, for obligation or duty) and is the opposite of community (literally, with obligation to others): being together without being together? Inoculation has the Latin root for eye: *ocula*. But the eye here is the plant bud which looks like an eye. Inoculation means “engrafted”. So try translating these words into languages that have no such past words, or by a machine translator that uses word roots to structure translation. Something to do with eyes? Something to do with cows? Something for which there is no obligation?

But other histories of people, practices, and places in our profession are still worth reporting. Let me know if you think something is worthy of reporting!

**Jo Grimwade**

## **wordSmyth**

Welcome to an understanding of words that are part of therapeutic practice. Somehow the way we use words creates the possibility of truth and the probability of being misled. Here, we look at the other in the therapy room.

Etymological enquiry is aided by several large dictionaries that I access, as listed, below. Other references are provided.

But, by the way, the etymology of therapy is interesting: its origin is Ancient Greek. It can be translated as “attending to”. The ancient philosopher/doctors had some knowledge of splinting limbs and had some herbal remedies and pain relief, but they did not have the surgical or pharmaceutical resources available today. The best the doctor could do was to sit alongside the patient and aid them in their suffering. Another translation of therapy is “being with”. Therapy is not outcome directed treatment, it is being alongside.

Incidentally, *pati* is from the Latin, it is found in both patient and in passion: it means suffering. Having compassion is having a willingness to suffer with a sufferer: the patient. If the patient is an individual, he or she is on his or her own. If the patient is a person, he or she exists in a matrix of relationships.

The individual is a Western economic idea, not an empirical one, that locates the body in a particular social and physical place. “Individual” is a complex word with an adjectival suffix, but which is usually

considered a noun. It has two prefixes involving negation “in” of a duality “di”. The root, “vid”, is the Latin verb (“videre”) for seeing or vision. An individual, therefore, is not able to be seen in parts and complete unto itself. An atom in a world dominated by economic concerns.

Sanders (1995) has described an alternative: person. “Person” comes from the Latin root “son” from the verb (“sonare”) to hear. “Per” is a prefix usually translated as “with” or “of”. He translated “person” as “sounding through”. That is, bodies can be separate from others, but persons live in the presence of others in a matrix of relationships and the conversations that occur.

The other in the room can be a client, a customer, or a consumer. But these are words and myths for another time.

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## **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 19<sup>th</sup> 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.

## **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)**

## **2021 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.