

AIMS OF MHYF VIC

Mental Health for the Young and their Families: Victorian Group (MHYF Vic) is a collaborative community partnership advocating social justice in the mental health area for infants, children and adolescents, and for their families and others carers. It is an incorporated Association in the state of Victoria that focuses upon several levels of action.

This policy documents is a manifesto of the principles of MHYF Vic, for use in public advocacy by the Association and its members. It also presents a framework for prioritising both short and longer term action by the group. It is to be complemented by a brief summary for public distribution.

This document begins by setting out the general aims and principles of the Association. It then states what MHYF Vic means by the term *mental health*, and briefly describes services in society that can promote mental health. Next, it discusses the value of collaborative partnership between mental health professionals, consumers and the overall community.

The main part of the document then takes the aims of MHYF Vic further, outlining a framework for action, which targets the promotion of mental health for the young and their families, according to the various levels at which services are provided in the community. The levels are prevention, early intervention services, treatment services and general mental health promotion.

Five general aims express the mission of MHYF Vic:

1. To promote the mental health of infants, children, adolescents and their parents and carers, at the levels of:
 - encouragement of resilience,
 - enhancement of well-being,
 - prevention of difficulties,
 - early intervention with and treatment of difficulties, and
 - continuing support of families in the community
2. To advocate for policies promoting the mental health and well-being of infants, children, adolescents and their parents and carers at local, state and federal levels
3. To seek and promote new knowledge in areas relevant to the above aims by all means available
4. To assist in reducing stigma in community attitudes relating to mental health difficulties
5. To work towards achieving these aims in collaborative partnerships of service providers, young people, parents and all others interested in mental health issues, for example the general public, all tiers of government, and professional organisations.

PRINCIPLES UNDERLYING THE AIMS OF MHYF VIC

The aims of MHYF Vic are based on the following fundamental principles:

- Mental health and well-being is a basic human right, as expressed in the United Nations Convention on the Rights of the Child and on other relevant United Nations documents (1991)
- The young and their families are entitled to a voice to express in public arenas their mental health needs and rights and entitled to forums for this purpose
- Policies relate to both public and private service delivery, and the range of responses of mental

health services to individuals and their families need to be flexibly applied

- The individual person is best viewed in a holistic way, listened to and heard as an individual, and understood as being strongly linked with his or her family, the community and the wider society.

In proposing and reviewing its aims and principles, MHYF Vic considers as critical the issues raised by the Australian National Action Plan Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000 a and b), and by the Australian Infant, Child, Adolescent and Family Mental Health Association.

DEFINING MENTAL HEALTH

MHYF Vic calls for the development of services promoting mental health and well-being, as well as services which treat mental illness. Mental health is seen as more than the absence of illness or disorder. It is seen as a state of resilient well-being.

Mental health has many aspects. It includes capacities to:

- develop to the full extent biological, psychological and social personal potentials

- draw upon personal strengths when needed
- be productive at work and school
- participate in culturally appropriate group goals and recreational activities
- interact with and belong to a cooperative network of personal and group relationships.

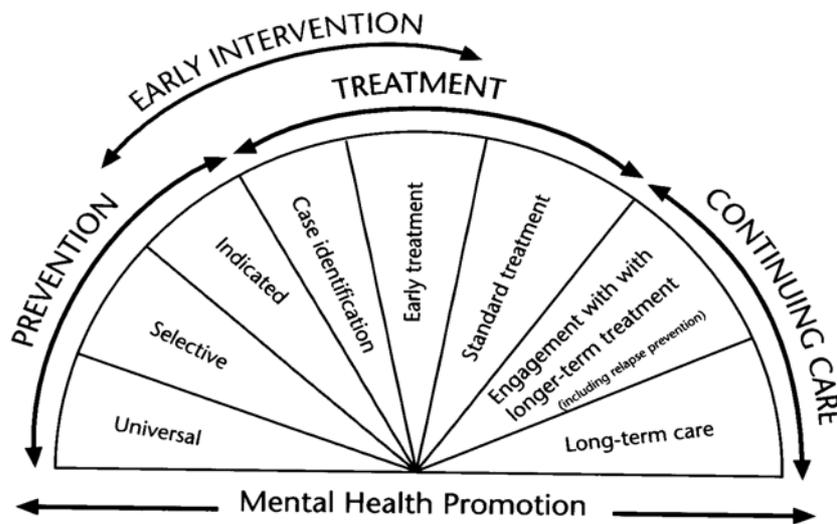
Everyone needs the support of society to achieve this mastery.

SERVICES SUPPORTING MENTAL HEALTH

The family and immediate social network of each person usually provide the primary support needed by that person. However, services in the wider community are also important, services in both private and public sectors. Government institutions, non-government organisations and private health, education and welfare practitioners of many kinds all have critical roles to play.

MHYF Vic’s framework for action flows from an understanding of an essential range of prevention, treatment and continuing care approaches to mental health, and of the relationships of these approaches to mental health promotion and early intervention. The contributions of various services promoting positive mental health are represented as a spectrum in a diagram adapted from Mrazek and Haggerty (1994), shown as Figure One. How mental health can be promoted is discussed here by using ideas arising from this diagram.

The diagram suggests that for most people a healthy mental state is achieved by growing up in a healthy family and receiving support from services provided to everybody in society, the so-called “Universal Services”, especially educational, health and recreational services. For some vulnerable people, additional support is needed through the so-called “Selective Services”. For a few people who have been in situations which are almost certain to cause mental disturbance, special intervention is needed (“Indicated Services”), to restore their progress towards health. This third level of service is the beginning of “Early Intervention”, which also includes “Case Identification” and “Early Treatment”. The diagram then shows that “Standard Treatment” can be extended to “Longer Term Treatment” or “Longer Term Care” for people with longer term mental health needs.



Source: adapted from Mrazek and Haggerty (1994)

Figure One: The spectrum of mental health promotion

Mental health promotion can clearly be addressed at any point throughout the spectrum. The “Framework for Action” set out in the later part of this document uses the eight parts of the spectrum of mental health promotion as its backbone. Therefore the “Framework for Action” uses the same technical words to explain in more detail what issues they raise.

The following diagram (Figure Two) shows pyramids representing disorders on the left and services on the right. The “Disorders” pyramid indicates (from the base up to the point) that the majority of people in the population, from infants to adults, do not have a mental disorder, but some people do. Of these people with disorders, most have a mild level of disturbance, some have a moderate level, and small numbers have severe or complex levels of disorder. The “Services” pyramid shows that the majority of people receive only universal services, but smaller and smaller proportions receive more intensive types of additional services, with only a tiny group requiring admission to a psychiatric inpatient centre.

Several very important issues are raised by the diagram. First, there are issues about who provides the various services and the accessibility of services to the public. Secondly, there are issues about the size and cost of the services. Thirdly, there are issues about planning and delivery of services.

It is appropriate that most mental health problems are managed by community-based and generalist services rather than by specialist mental health services. However, it is desirable that specialist mental health services be available for assessment, consultation and professional support to the generalist services in their management tasks.

The planning and implementation of mental health services is mainly directed at the more specialized services for the most seriously ill (the tips of the pyramid) although the benefits to the community as a whole are likely to flow from improvements in universal services (the base of the pyramid).

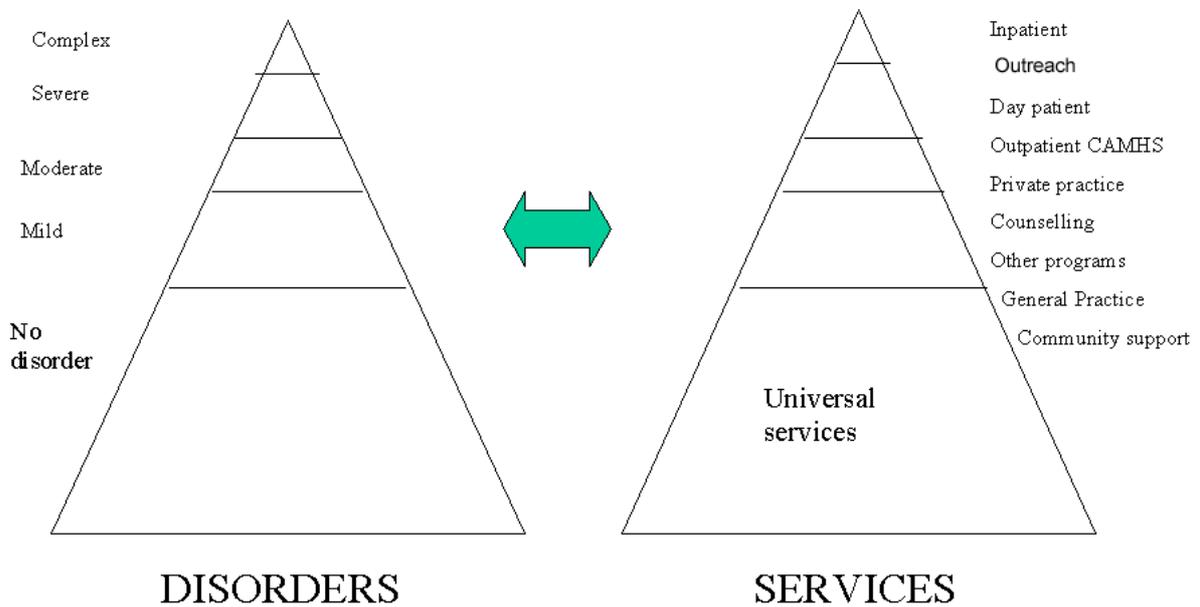


Figure Two: How mental health needs of the young and their families are serviced in society

COLLABORATIVE PARTNERSHIP

MHYFVic embodies collaborative partnership between mental health professionals, consumers of mental health services and the broader community. There are also many senses in which collaboration enters into the substance of the aims of MHYF Vic.

Collaboration literally means “labouring (working) together”. Collaborative activities cover a four stage spectrum: communication, cooperation, coordination and collaboration. Each stage on the spectrum of mental health promotion implies an increasing degree of working together, from parties communicating to each other about their work, to consulting with each other, through to actively carrying out joint work.

There are three reasons why mental health services for infants, children, adolescents and their families need to be delivered collaboratively. First, there are not enough public and private child and adolescent mental health services available to meet the needs of selected and indicated population groups, let alone the needs of the general community. If clinicians do not work with other services, the mental health needs of many young people will not be met.

Secondly, because public child and adolescent mental health resources are limited, they are likely to target infants, children and adolescents who are most in need, and those who are most in need are often multi-service clients. These clients will often come to child and adolescent mental health with other services already involved, and it is in the interest of the client to have services working together rather than separately.

Thirdly, mental health assessment, treatment and consultation is based upon the developmental and systemic needs of infants, children and adolescents. It relies on a holistic understanding of mental health that requires the contributions of many services to the health and well-being of children and families.

Collaboration in providing mental health services to children and adolescents is critical because services do not necessarily match all client needs. Each service has its specialisation. Mental health services, for example,

deliver clinical and mental health promotion services. Child protection services deliver intervention and support for children deemed to be at risk of abuse and neglect. Drug treatment services deliver clinical services for young people who are abusing drugs and alcohol. Clients of any one service may need to call on the contributions of other services as well. The challenges of multi-service delivery lie with the services and not with the client. Client centred practice serves the individual rather than categories of problem, and services can only achieve this through collaboration. Integration and coordination of services is essential to effective collaboration here.

Such collaboration in public service settings usually requires formal working agreements (or memoranda of understanding) at the state or regional levels, as well as between the participating agencies and those working directly with the individual client and their family. Successful collaboration requires financial resources to be devoted to workforce training and to the extra work that such collaboration entails.

Collaboration and consultation are also important between public and private sector services, which can complement each other. The private sector has the potential to provide essential services to many in the community. There is a common misconception that public sector and private treatment should be completely separate, but the client’s need for collaboration is the same regardless of the identity of the service provider. In many cases, it is more effective for public sector services to provide specific treatment components to ensure successful private treatment than to require comprehensive public sector case management. Many more people can be helped by providing aspects of service than could be helped for the time and cost of each case of comprehensive case management. It is important, however, for such service components to be adequately coordinated and integrated. Public policy and specific agency protocols should be developed whereby public and private sector services can collaborate smoothly.

A FRAMEWORK FOR ACTION FOR MHYF VIC

This framework relates to the areas of mental health promotion highlighted by Figure One., namely prevention, early intervention, treatment and continuing care.

Possible strategies for MHYF Vic action are suggested for each area. Clearly, while these convey the principles of MHYF Vic in respect of each area, they need to be prioritised for active implementation at any particular time. They can thus serve as a basis for strategic planning by the Association, as well as for future research in this field.

1. Prevention of Mental Health Problems

Clearly, it is better to prevent mental health problems than to treat them after they have occurred. However, there is less knowledge of how to prevent mental health problems than how to treat them, and less funding devoted to prevention. Most information about prevention concerns the very serious situations that almost always produce disturbance. However, these are uncommon and only affect a relatively small number of people. Less information is available about stresses that only sometimes produce disturbance. These affect a larger number of people, but it is unclear why many are unaffected and what may be done to improve resilience. Very little proof is available about the role of preventing disturbance through universal services. Although the rate is small, the majority of cases of emotional disturbance arise in persons not known to be at risk. Universal level of service provision is the only form of prevention practicable here.

MHYF Vic calls for increased research and funding in the area of prevention programs for the young and their families.

Universal Prevention

Universal prevention refers to the right of all individuals in any society to optimal health through the availability of generalist services. Universal prevention also recognises the right of infants and children to a family life that is valued and enjoyed, as well as their right to be valued themselves.

Possible strategies for action by MHYF Vic:

- monitor the availability, quality and effectiveness of universal services, for example infant welfare, child care and education
- respond to problems or deficiencies in universal services that affect the young
- devise means for discussing in the public arena relevant issues related to the young and their families
- encourage an understanding of the needs of the young and their families in general
- lobby for a Commissioner for Children.

Selective Prevention

Selective prevention involves providing assistance for infants, children and young people who are at particular risk of developing mental health problems. The risk arises because they have biological vulnerabilities or have experienced life events known to increase the likelihood of disturbance. Selective prevention programs aim to build resilience in participants. Factors contributing to risk include:

- Biological vulnerabilities such as birth prematurity intellectual disability, etc.
- Social disadvantage such as poverty, homelessness and unemployment difficulties
- Children of caregivers with serious mental disturbance
- Family difficulties, including illness and family breakdown
- Substance abuse in the household.

Possible strategies for action by MHYF Vic:

- make information available to the general public and to any services who may be close to infants, children, adolescents and their families at risk, for example schools and emergency services
- raise awareness and educate the public about the psychological reactions to specific traumatic events
- lobby for increased maternal and child health services to support mothers with disorders such as postnatal depression
- lobby for improved availability of marital counseling services
- lobby for increased availability of parenting programs.

Indicated Prevention

Indicated prevention involves providing assistance for young people who are in situations which, in the absence of intervention, are known to almost always produce some degree of mental disturbance. Examples here are:

- Child refugees in detention
- Victims of torture, sexual and physical abuse
- Children with serious chronic illnesses such as diabetes.

Possible strategies by MHYF Vic for achieving better prevention services:

- promote guidelines for families, professionals and the community to identify children's vulnerabilities and risk factors for possible mental health problems at early stages of their development
- seek better communication between mental health professionals and other service providers who see young children for their health, welfare and educational needs, such as:

obstetricians, Maternal and Child Health nurses, the Australian Breastfeeding Association, paediatricians, general practitioners, playgroups, kindergartens, schools and other early childhood professionals

- promote better understanding of cultural factors in children's development
- advocate early identification without waiting for a crisis to erupt, by engaging around this issue with government policy makers, service providers and the community at large.

2. Early Intervention

Indicated Intervention

Appropriate intervention should be available to children and families when vulnerability and risk factors are first recognized, even where the child is very young, before problems have escalated to serious proportions. Families should be assisted to understand their children's difficulties by culturally-sensitive information and support. Difficulties may include such symptoms as ongoing sleeping and feeding problems in infants, moderate behaviour problems, stress reactions and/or depressive symptoms, and continuing learning problems at school.

Possible strategies for action by MHYF Vic:

- advocate for improved access to infant welfare and early intervention services
- promote better access to information regarding stages of child development, recognising variations that may indicate the need for early intervention
- facilitate the sharing of knowledge within the community across a range of early childhood service providers, including obstetricians, Maternal and Child Health nurses, the Australian Breastfeeding Association, paediatricians, general practitioners, playgroups, kindergartens, schools, telephone counselors and information and referral workers
- promote more active collaboration by universal service providers in family consultation and monitoring of potential difficulties in the child's development.

Case Identification

When mental health difficulties are noticed in children, young people or their families, appropriate services need to be made available. This will necessarily involve sensitive discussion with the family, and an awareness and understanding of the child or young person's needs.

Case identification recognises that identification of the problem requires skilled assessment and appropriate consultation, but not necessarily immediate treatment.

Possible strategies for action by MHYF Vic:

- promote appropriate education of service providers and the community at large in the early warning signs of developmental difficulties
- foster a climate of understanding and trust in which members of the community can more readily identify mental health difficulties
- assist in destigmatising the notion of mental health difficulties, as elaborated upon in the section on mental health promotion
- advocate for improved training in case identification for all health professionals
- advocate for improved access to specialist multidisciplinary team assessments, including greater publicity of mental health services and ease of contact with such services by the general public.

Early Treatment

Research indicates that early treatment reduces the duration and severity of mental health difficulties.

MHYF Vic believes in the following best practice in relation to the provision of early treatment:

- Above all, the treatment offered to the family experiencing difficulties must actively engage with the wishes and needs of that family and community
- The family should have easy access to a range of services that are available in an integrated and holistic fashion, rather than being fragmented across multiple locations
- Services should be readily available and waiting lists should not be unduly long
- Professionals working within these services need to adopt a flexible approach to understanding and providing intervention
- Early treatment should be designed to be able to be sustained and responsive to the needs and phases of the child, young person's or family's development, allowing for the possibility of ongoing or periodic treatment as required
- Early treatment should maintain the focus upon health developmental processes that has characterised the infant, child and adolescent field world wide.

Possible strategies for action by MHYF Vic:

- promote the above ideas to government policy makers, in particular emphasizing the need for easy access to services
- promote the destigmatisation of mental health issues
- advocate that public child and adolescent mental health service agencies devote an adequate proportion of resources to:
 - provision of consultancy services to other community agencies
 - collaborative programs in early intervention agencies
 - professional development of their own workers and other community agencies

- advocate that adequate appropriate information is provided to consumers, carers and community agencies
- promote the understanding that difficult problems take time to solve
- promote access to skilled assessment and appropriate consultation through a variety of community-based agencies.

3. Treatment of Mental Health Problems

Children and families have the right to mental health treatment/services based upon thorough assessment of the development and meaning of the presenting symptoms within the child's cultural context. The young and their families have the right to treatment that has been tailored to address the unique aspects of a child's difficulties, rather than providing an intervention that targets a particular condition or pattern of symptoms.

Possible strategies for achieving this by MHYF Vic:

- promote the importance of ensuring that families have access to mental health services that offer a thorough assessment of the child's difficulties in the context of individual and family needs
- publicise the nature of professionalism in child and adolescent mental health, emphasising the rights of clients to appropriate professional services
- promote the value for many families of a multidisciplinary team approach in assessing and developing an understanding of difficulties, with access to the specialised expertise of appropriate professional groups
- resist the de-professionalisation and deskilling of mental health professionals that has occurred in the adult mental health field
- encourage and raise debate across mental health professions concerning understanding of evidence based treatment to help develop a more sophisticated grasp of the strengths and limitations of different kinds of research evidence
- promote the importance of the provision of different treatment modalities based upon a thorough assessment of the individual and the unique needs of each child and family, including availability of inpatient, day-patient and outpatient phases of treatment as these are required
- urge that the appropriate length of treatment be provided in all cases, recognising that this varies greatly according to circumstances
- promote the importance of both public and private mental health organisations facilitating an organisational milieu characterised by tolerance, acceptance and safety that can support clinicians to work towards providing a range of services/intervention to children and families
- promote the importance of, where possible, including both parents in the assessment and treatment process

- promote the appropriate involvement of the parents, the clients and other family members as equal partners in the "system of care"
- provide an independent forum wherein public and private professionals can collaborate to address community needs
- provide an independent professionals forum wherein consumers, and the general community can collaborate to address service needs issues
- promote appropriate privacy for clients in the public and private mental health sectors, according to the principles laid down in the Australian Federal Privacy Act (2001) and the Victorian Health Records Act (2002).

4. Continuing Care

Engagement with longer term treatment

MHYF Vic supports the policies of continuity of care by treating professionals and of liaison and collaboration between specialists and community-based services for young persons with chronic mental health problems.

Possible strategies for action by MHYF Vic:

- promote the involvement of parents, the clients and other family members, as appropriate, as equal partners in the public system of care
- advocate that all clients have allocated case managers in the public system
- advocate that every client in the public system has an Individual Service Plan (ISP) covering the whole range of client needs
- advocate that the ISP specifies the contributions of persons from other community agencies.

Long-term care

MHYF Vic recognises that a small proportion of persons with mental disorder will suffer continuing disability and will require ongoing support from a network of services. This need contrasts with the usual service expectation of short-term targeted interventions which terminate after a time limited episode.

Possible strategies for action by MHYF Vic:

- promote the involvement of parents, client and other family members, as appropriate, as equal partners in the public system of care
- promote that relevant agencies should make a specific provision in their policies and resource allocation for clients with long-term disability
- lobby for a special category of eligibility for long-term care which would ensure adequate ongoing family support services
- promote adequate availability of residential accommodation when required, in both respite and longer term forms
- promote specialist consultation and support for general practitioners and agencies involved in long-term care

MENTAL HEALTH PROMOTION

All of the principles and strategies indicated above are considered to be part of an overall picture of mental health promotion. Promoting positive mental health involves improving community understanding of mental health problems, and engaging with other groups to bring about the necessary changes. However, there are four arenas of action seen by MHYF Vic as essential to highlight at the preventative end of the mental health promotion spectrum.

1. Destigmatising mental health

There is still a need to actively erode the negative stigma associated with mental health difficulties. Affected persons can be encouraged to feel more willing to communicate their needs, so that community members will be more understanding and more willing to provide necessary assistance. Collaborating with other organisations involved with young people may gain even greater exposure for the needs of young people. For example, in the case of depression, it will help to emphasise its occurrence among young people, to counteract misunderstanding that it is only a disorder of adulthood, and to encourage pathways of communication and support that will offer alternatives to suicidal thoughts.

Possible strategies for action by MHYF Vic:

- target media representatives who have shown interest in issues concerning infants, children and adolescents, initial preference being the print media
- target radio and television after a profile has been achieved
- explore contacts in government and non-government educational sectors, particularly those involved with curriculum development
- consider forming partnerships with other organisations in the media.

2. Promoting family security and well-being

The second, wider arena of action is that of promoting family security and well-being, which involves health and safety issues. Families need provision of adequate health services and protection from violence and other abuse, crime and substance misuse, before interventions for mental health problems are likely to be effective. Economic security is also crucial. Adequate assistance in circumstances of homelessness, poverty and ongoing unemployment of parents and young people is necessary for security and well-being.

Possible strategies for action by MHYF Vic:

- support health and welfare initiatives to reduce adverse socio-economic and environmental stresses on families
- support the concept of “Family Impact Statements” being prepared to assist government in consideration of draft legislation and regulatory policies
- support the social development aims of organizations attempting to reduce the adverse effects of abuse
- support continuing professional development of specialized police personnel for dealing with domestic difficulties and child abuse issues.

3. Promoting healthy family relationships

Promoting healthy family relationships by community action can take many forms. It can include support for community education programs at all levels. Encouraging tolerance and understanding of developmental challenges and individual differences in all spheres of life can be helpful to all families as they deal with changing needs and changing dynamics in a changing society.

Possible strategies for action by MHYF Vic:

- advocate improved availability of parenting programs at community agencies such as infant, welfare and community health centres
- encourage local government support for strengthening of pro-social youth organizations.

4. Promoting individual self-sufficiency

Involvement of young people in education and training activities assists in providing a sense of future, and involvement in recreational and sporting activities can directly influence well-being. Promoting the importance of social life for young people may also reinforce a health context in which individual growth and community cooperation can flourish.

Possible strategies for action by MHYF Vic:

- advocate increased use of social development programs in schools
- advocate opportunities for media coverage of topics likely to strengthen social awareness and empathy for others.

USE OF THIS DOCUMENT

Activities of MHYF Vic are grounded in the principles and policies set down in this document. Strategic planning can use the framework for action it outlines. The MHYF Vic Committee can review its contents and prioritise issues for action, according to various sequences and time scales as it sees fit.

The possible strategies flowing from the framework for action also provide guidelines for the Association in commenting on mental health issues as required, and for individual members speaking in public on behalf of MHYF Vic.

The document can also be used as a basis to generate forums for discussion of MHYF Vic's principles and policies. As a beginning, it is planned to convene workshops of youth and parent groups, together with professionals, to advise a more streamlined version of MHYF Vic's manifesto which can be distributed widely in the community.

While principles are fundamental, policies are seen as dynamic, needing development and revision as circumstances change. It is therefore intended that this document will be developed and revised from time to time by the Association.

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