



MHYF Vic Newsletter No. 82 February 2023

This edition

Winston Rickards Memorial Oration 2023

Hot Issues in Mental Health

Our Website

2023 Winston Rickards Memorial Oration

***“THE PRIVILEGE OF THE MENTAL
HEALTH CLINICIAN ENTERING
THE SERIOUSLY PLAYFUL WORLD
OF THE CHILD WITHIN THE FAMILY:
A LEGACY OF WINSTON RICKARDS”***

to be delivered by

Associate Professor Campbell Paul

7.30 pm Monday 27th March 2023

Ian Potter Auditorium, Kenneth Myer Building, 30
Royal Pde, Parkville, Melbourne

<https://www.trybooking.com/CFNYP>



Associate Professor Campbell Paul is a Consultant Infant, Child and family Psychiatrist in the Mental health service at the Royal Children's Hospital and at the Royal Women's Hospital, the Murdoch Research Centre and the University of Melbourne. Along with many colleagues, he established postgraduate training in infant mental health and the Newborn Behavioural Observation intervention at the Women's Hospital, and he is currently President of the World Association of Infant Mental Health.

Professor Paul's teaching and research has profoundly influenced the place of infant psychiatry in paediatrics. His oration will highlight the formative influence of the multi-disciplinary team's developmental approach that was the hallmark of Winston Rickards' leadership.

Hot Issues in Mental Health

This section of the MHYFVic website has recently featured two matters that have received considerable newspaper attention. The first was about decriminalisation of drug abuse. The second was about limitation of rebates for psychological therapies on Medicare.

Decriminalisation of drug use

On 31st August 2022 it was International Overdose Awareness Day. The Burnet Institute issued a press release titled “Time to explore decriminalization of drug use” in which they highlighted the abject failure of traditional conservative criminal sanctions to lessen drug use and its associated societal harms, including fatal overdoses.

MHYFVic expressed total support for the Burnet proposals for decriminalization of drug use. However, we would go much further, by suggesting supervised supply of hitherto illicit drugs to registered users, thereby ensuring both safer use and the undermining of illegal supply profitability.

In early December, John Ryan, CEO of public health research at Pennington Institute, published his opinion on the decriminalization of cannabis use, giving many of the same reasons put forward by the Burnet Institute. Other newspaper contributors have also joined this bandwagon.

Again, MHYFVic expresses its support for this proposal, with the same proviso that it should apply to all illicit drugs within a health care framework. It is interesting that much more public support has emerged for cannabis decriminalization than for overall illicit drug decriminalization. One assumes this is because cannabis is regarded as “safer” than cocaine or methamphetamine or heroin. That perception is nonsense, because it depends entirely upon how much, how frequently and the circumstances in which the drug is used.

The most harmful drugs in society are tobacco and alcohol. Far more people die or are ill because of them than any other drugs, but there are only modest restrictions on them. The truth is that NONE of the drugs are safe. It is desirable that the personal responsibility for choosing to use them is subject to some degree of health care supervision.

Decriminalisation of use does not mean approval or encouragement. Nor does it mean that there should be any reduction in the war against criminal networks involved in illegal supply. What it means is that we wish to reduce the personal health and societal damage associated with illegal use.

Cuts to Medicare support

The second topic, that of limitation on Medicare rebates for psychological treatments, is unlikely to generate as much public debate although it is also of major health care significance. This New Year message from Jillian Harrington, Director of the Applied Neuroscience Society of Australasia, warned:

“Inequity will grow and mental health care will step back several years on January 1, when psychological treatment will be halved to just 10 sessions per year. This, despite every committee or review of the past 10 years recommending more sessions for those with more severe illness. The Albanese government will slash access to psychological treatment under the Medicare Better Access program next week - under the guise of making mental health care “more accessible”. It claims Australians accessing more than 10 sessions have been somehow making it harder for those from low socio-economic backgrounds or regional and remote areas to get the help they need.”

The theme was followed next day by Matt Berriman, chair of Mental Health Australia, saying, “We need added services and action yesterday, not less”.

MHYFVic supports continued extension of the rebate scheme for psychological treatments of mental disorders. The argument that it has impaired access by needy people is a nonsense. It is political spin, based on the observation that waiting times transiently increased under the pressure of work, but that

is only because of insufficient numbers of trained therapists. That, itself, is a failure of planning. It is no argument to say that one failure justifies another.

Governments need to grasp the nettle of providing rebates for mental health just as they do for physical health. The reason they are reluctant is because it costs money. There is no free lunch. If the service is needed it must be paid for, and the public must pay through our health insurance. The current levy is totally out of keeping with actual costs. The public is right to demand the service but must also be willing to bear the cost. The solution to this issue is to legislate a Medicare levy that actually reflects the costs, which must surely be “politics free”.

One way that governments and health care professionals could simplify the burden would be to adopt the “Zero Waiting List” approach advocated by MHYFVic. This is described in our ‘Guide to Best Practice PE7a.

It involves an immediate assessment and formulation of a management plan followed by therapeutic triage. The majority of cases would be managed within a short-term package of ten sessions, but some would be seen, at the initial assessment, to need longer-term therapy. This triage would allow longer-term therapy at a lower rebate rate for as many sessions as required (with the option of a gap fee). Allowance could be made for people in financial difficulty. That is what government is for.

The full text of these items can be read on the ‘Hot Issues’ page of our website Mhyfvic.org, where you can also add your own comments.

News from Emerging Minds.

Newsletter 31/8/22

Webinar recording now available:

Working with children who are experiencing or engaging in bullying.

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**

MHYFVic Membership

Annual membership of MHYFVic is now due.

Our mission is to promote improvements in mental health for the young and their families, so you receive our newsletters and notices whether or not you are a paid-up member.

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.

Send cheques to MHYFVic, PO Box 206, Parkville, Vic 3052; or Transfer funds to MHYFVic, BSB: 033 090 Account: 315188; write your name in the Reference tab. In addition, please send a confirmatory email to admin@mhyfvic.org

2023 MHYF Vic Committee

- * President : Jo Grimwade
- * Past President: Allan Mawdsley
- * Secretary : Cecelia Winkelman
- * Treasurer/Memberships: Kaye Geoghegan
- * Projects Coordinator, Allan Mawdsley
- * WebMaster, Linda Purcell
- * Newsletter Editor, Allan Mawdsley
- * Youth Consumer Representative, vacant
- * Members without portfolio: Suzie Dean, Miriam Tisher, Celia Godfrey, Andrew Wake.