

MHYF Vic Newsletter No. 87 February 2024

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Mending the Mind

Huge advances were made in mental health sciences in the twentieth century. Amidst the flag-waving headline news about medication and other biological improvements there was an almost imperceptible, but equally important, gain in the biopsychosocial understanding of mental health.

We have always known that the brain is the location of the mind, and that anything affecting the brain will affect mental health. We have always known that adverse life events can have ongoing effects on a person's emotional state. We also know that social circumstances, such as poverty, will have both individual and family impacts upon mental health. What has become increasingly apparent, however, are ways in which those domains interact.

It was once thought that brain function was a given, and that life's path was thereafter determined by the psychosocial factors. However, it is now known that the brain, itself,

can be changed not only for the worse but also for the better by psychosocial events.

For example, severe wartime combat stress can not only produce immediate emotional reactions but may be imprinted in epigenetic DNA leading to the ongoing hyperalert state we call Post-traumatic Stress Disorder. This knowledge is an important improvement in our understanding of the interaction of biological and psychological domains. Equally important is the evidence that psychotherapy can reverse the DNA changes paralleling observed clinical improvement in symptoms. Thus, we now have biological confirmation of our clinical knowledge that psychotherapy works.

Which psychotherapy works best for which disorders is an ongoing question. Some therapies, such as cognitive-behavioural therapy, lend themselves more readily to standardization and measurement than others, and have accumulated a more extensive evidence base. In this era of evidence-based clinical practice they have gained greater prominence although research shows that there is not much difference in the successful outcome rates of a range of psychotherapies, including psychodynamic therapies. It is incumbent on specialists in all therapies to show the efficacy of their methods.

This year's Winston Rickards Memorial Oration will explore one of these methods.

The Thirteenth Winston Rickards Memorial Oration

By Ruth Wraith and Dr Jennifer Re, Child and Adolescent Psychoanalytic Psychotherapists

Can we optimise mental health care for our children and adolescents?

Exploring the Potential of Psychoanalytic Psychotherapy in the 21st Century

"Today's complex landscape of child and adolescent mental health brings a myriad of challenges such as ADHD, ASD, Anxiety Disorders and School Refusal.

Contemporary psychoanalytic psychotherapy, encompassing research, theory and practice, has significant relevance for applications in schools, specialist agencies and disaster contexts.

Beyond the clinic, the untapped potential of psychoanalytic thinking embraces not only individual personal development but also that of families, organizations and the wider community, impacting mental health and wellbeing policy and care services across society."

At 7.30pm Wednesday 27th March 2024, The Ian Potter Auditorium Melbourne In Person and Zoom attendance \$22 (Zoom link upon request.)

https://www.trybooking.com/COZBS



ISSUES OF CONCERN

Since our last newsletter, two major issues of concern have been ventilated in the press and have featured in the "Hot Issues" pages of MHYFVic website. The first was the very bad schooling outcomes of young people in out-of-home care. The second was the question of whether pill-testing should be implemented to save lives of young people at music festivals.

The scathing report by the Commissioner for Children showed that only 25% of young people in out-of-home care completed year 12, compared to 80% of the general population. MHYFVic contends this is a specific example of a widespread failure of the Child Protection system and offers a workable solution that the Department is "too busy" to consider. Read about it on the HOT ISSUES page of our website.

The death of several young people at music festivals has re-ignited the calls for pill testing to be offered by the government. Opposition stems from reluctance to be seen as supporting drugtaking. MHYFVic offers a workable solution that would ensure pill quality without testing, engage users in health care and would exclude the criminals. Read about it on the HOT ISSUES page of our website.

Your comments would be welcome at admin@mhyfvic.org

A Watershed Moment for MHYFVic.

MHYFVic began its life in the late 1990s as the Coalition of Child and Adolescent Mental Health Professionals, promoting wider availability of multidisciplinary mental health services for young people and their families. After a national conference in which the importance of involvement of consumers and

carers was highlighted, we changed our name and constitution to include these members, and registered in AD2000 as a not-for-profit organization under the Associations Incorporation Act in Victoria.

For the last two decades we have undertaken a range of activities that we believe are a valuable contribution to advocacy for improvements in mental health services for the young and their families. However, we are a small organization that needs a stronger voice to really be heard. Our strategic plan tells us that we must take a major step forward to succeed.

In the coming year we propose to change from a State-based association to a national charitable organization registered and regulated by the Australian Charities and Notfor-profit Commission (ACNC). This will require us to become a company limited by guarantee with a new constitution that complies with the strict corporate governance rules of the ACNC. The importance of this change is that we will then be an officially recognized charity that can form a network of state branches with the same objectives and a stronger advocacy voice.

Our Annual General Meeting on Thursday 22nd August this year will be devoted to considering these plans in detail. We hope that all our members will come to the meeting to join in the discussion of our future.

NEW COMMITTEE MEMBERS

Since our last Annual General Meeting we have been excited to welcome several new members of our committee. They are:

<u>Dr Kylie Cassar</u>, a clinical psychologist with advanced training in psychotherapy. She is the mother of eight children, which brings additional real-world experience to her work as a parent coach. She has a particular interest in

empowering families dealing with ADHD and autism spectrum disorders.

<u>Dr Porpavai Kasiannan</u>, a child, adolescent and family psychiatrist whose work is mainly supporting public infant, child and youth mental health services. She is part of a team that runs an NGO Pathways Foundation Kovai in her hometown in India which focuses on fostering emotional wellbeing in children, youth and families by providing education to professionals and community. The aims and objectives of MHYFVic are relevant to her work internationally.

Michelle Morris who has worked as an intensive care nurse and human rights barrister in London, Geneva and New York. Michelle is now working as a counselling psychologist in the western suburbs of Melbourne where she works with families and people across the lifespan. Michelle has also been a volunteer with the Walpiri people from Yuendumu since the 1970s.

<u>Dr Liam O'Connor</u>, a specialist child and family psychiatrist whose work is mainly in private practice with children and adolescents with neurodevelopmental difficulties and coordinating and teaching the Child Psychiatry training course at Mindful. He has been chairman of the Victorian Branch of the Faculty of Child & Adolescent Psychiatry of the RANZCP for several years and is keen to promote collaboration with MHYFVic to further the aims and objectives of both organizations.

Ms Sarina Smale, a social worker with background in early childhood education. Having worked in diverse fields from CAMHS to Family Support and Child Protection, she is now in Private Practice with children and families, including a special interest in First Nations people.

OUR UPDATED WEBSITE

Our website has been significantly revised to give casual visitors immediate information about what we do, 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.

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 for members who have not yet already renewed.

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

2024 MHYF Vic Committee

- * President : Jo Grimwade
- * Vice- 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, Liam O'Connor, Sarina Smale, Porpavai Kasianan, Michelle Morris, Kylie Cassar.