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Catholic Diocese of Ballarat

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To the Commission

Re: Royal Commission into Victoria's Mental Health System

Established in 1977, Centacare Catholic Diocese of Ballarat delivers a range of social welfare and outreach services across the Catholic Diocese of Ballarat and the Western District of Victoria. Employing over 200 staff across ten sites, many of our services either prevent mental illness, or address the negative impact of mental illness. In accordance with Catholic Social Teaching Centacare welcomes everyone regardless of race, religion, gender or sexuality.

Please find below Centacare's response to the Commission's terms of reference:

Delivering quality mental healthcare across Victoria will require significant leadership. While scaling up interventions should be implemented in consultation with the wider workforce, only leaders have the authority to change the system. As leaders in the mental health system we have a responsibility to provide practitioners with sufficient time to continually up-to-date their skills and knowledge. A system which optimises mental health outcomes will depend on leaders using service design principles to organise evidence-based interventions into client-centred care pathways.

Effective mental health leadership will also depend on those of us in leadership positons providing ongoing leadership coaching. A simple definition of leadership can be defined as helping a team to work together to achieve a common goal. Successful change in any organisation requires three levels of leadership to be aligned: strategy, operations and teamwork. Team leaders will need to coach high performance teams to achieve results, using collaborative problem solving and conflict resolution. Operational managers will need to continually improve the quality of mental healthcare, and use key performance indicators (KPI) to achieve annual objectives. Executive leaders will need to lead organisational change by setting long-term goals, and measuring progress against agreed key performance indicators.

Many evidence-based interventions for mental illness have been in existence for over half a century, and have been scaled up in numerous countries across the world. In a Victorian context, community service organisations have the potential to enhance the current mental health system. By tailoring brief psychosocial innovations to local communities, mental health specialists can also play a key role in supervising the wider mental health workforce, while retaining their specialist skills for people who need more intensive treatment.

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.

Preventing mental illness is effective. Most children will benefit from learning social and emotional skills, bullying prevention and stress management. However, treating parental mental illness can be particularly helpful for children at-risk of mental illness. For example, self-help interventions can both prevent and reduce postpartum depression, while internet-delivered psychological interventions can improve perinatal anxiety and depression. Psycho-education tailored to the child's stage of development also has been shown to reduce the likelihood of children experiencing mental illness later

in life. Early signs of mental illness, such as avoidance or disruptive behaviour, can be improved with parent skills training. Effective parenting skills include reinforcing positive child behaviour, using nonviolent discipline and problem solving skills.

Parent-child interventions for attachment disorders are also effective in promoting early recovery. Although school-based mental health services can be of benefit for most children, school-based services are especially helpful for children with early signs of mental illness, and are even more so for children with mental disorders. Self-help approaches, including mindfulness, can improve child mental health. Children who are disruptive can benefit from parent training which fosters relationship building and parental self-management. Parental involvement in services can also reduce childhood aggression, while adolescents with anxiety and depression are likely to benefit from internet-based cognitive-behavioural therapy.

Although maltreated children are at particular risk of mental illness, child maltreatment can be prevented with home visits, parent training and brief cognitive behavioural therapy. Families at high risk of child maltreatment, often due to severe parental mental illness, should be referred to specialist services for treatment. Unless rurality limits access to specialist services, trained paraprofessionals may be able to prevent further maltreatment after the first reports to protective services,

Effective approaches to treat reoccurring child maltreatment include parent-child therapy, home visits, parent training, multi-systemic therapy, and substance abuse treatment. For example, parent-child cognitive behavioural therapy or parent-child interaction therapy can both ameliorate physical child abuse. Although intensive preservation interventions are ineffective for child maltreatment, preservation interventions can be effective for families with multiple problems.

Where children need to be placed in out-of-home care, a number of interventions can increase the likelihood of permanent care. Intensive reunification interventions are effective in ensuring maltreated children are safe from harm. Carers can be helped to improve problem child behaviour, through trauma psychoeducation, positive reinforcement, consistent discipline and problem-solving. Parent–child relationships can also be improved with empathy and sensitivity towards the child's needs.

In relation to suicide prevention, communities can restrict access to lethal means. Therapies to reduce self-harm and suicidal ideation can then be delivered in clinical, educational or community settings. The most effective approaches to reduce self-harm in youth are dialectical behaviour therapy, cognitive-behavioural therapy, and mentalisation-based therapy. Cognitive-behavioural therapy can also reduce self-harm in adults, while dialectical behaviour therapy can reduce both self-harm and suicidal ideation. Compared to the short-term effect of psychoanalytic and psychodynamic psychotherapies, face-to-face cognitive behavioural therapy reduces both self-harm and repeated suicide attempts. Other effective suicide prevention interventions include brief intervention and contact, and lithium. Digital and mobile interventions may also help to scale-up suicide prevention interventions.

2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages.

Delivering the best mental health outcomes will require using the best evidence. Evidence-based practice integrates empirical research, expert opinion and client values. To minimise the bias inherent in evidence, research reviews such as meta-analysis and systematic reviews should inform service design. Collaborative chronic care models could also be used to integrate care. Monitoring outcomes will require selecting valid and reliable measures for the person's mental health problems. At a minimum, a behavioural indicator of improvement should be agreed with the client or patient and monitored in clinical supervision. Services can then routinely aggregate pre/post data to measure the

percentage of clients who are safe from harm, and the percentage of clients who have improved at the end of their care.

Stepped care is a tried and test model for improving access to quality mental healthcare, and is particularly effective for anxiety disorders and depression. The underlying principle of stepped care is commencing with the least intensive intervention which is likely to lead to improvement. Clients or patients are only stepped-up for more intensive treatment if a less intensive intervention is not effective.

An evidence-based stepped care model would prioritise prevention and early intervention. Mental health promotion for young people can impact both positive and negative mental health outcomes. Promoting mental health can also help students to increased their resilience and day-to-day coping skills. Workplace mental health promotion can improve work efficiency, increase job satisfaction and enhance relationships with co-workers. Positive psychology interventions could be used to destigmatise mental illness by enhancing the well-being of the general population. Access to positive psychology interventions could be increased in groups, with multicultural interventions, or online.

The second step in the stepped care model would be to deliver low intensity interventions for common mental disorders, such as anxiety, depression and substance abuse. Low intensity interventions are based upon the principle of guided self-help, where a paraprofessional or lay counsellor provides brief support with a choice of self-help resources. Low intensity cognitive-behavioural therapy for mild to severe anxiety and depression is as effective as intensive treatment delivered by a specialist, and up to eight times as efficient. Clients can choose written or internet self-help resources, and whether to be supported via email, telephone face-to-face or in a group. To assist shared decision-making with clients, internet-based treatment should be promoted as being more convenient, and equally effective as other types of support.

In terms of feasibility, two brief interventions which could easily be scaled up are motivational interviewing and problem solving. Motivational interviewing is not only an effective brief intervention for substance abuse. Motivational interviewing can also increase engagement in mental health treatment and reduce criminal offending such as intimate partner violence. Problem solving is effective for a range of problems including victimisation, trauma, anxiety and depression. More recently, low intensity cognitive behavioural therapy has been shown to be effective for co-morbid depression with trauma or chronic illness, and can also be helpful for psychosis. Low intensity interventions receive high rates of satisfaction from consumers.

As part of the Mental Health Gap Action Programme, the World Health Organisation has developed a range of free resources for non-specialists, including Problem Management Plus for anxiety and depression. Resources include training manuals and a mobile app for assessment and intervention. For mental health specialists providing more intensive treatment, the Australian Psychological Society's *Evidence-based Psychological Interventions* is now in its fourth edition, while the Royal Australian & New Zealand College of Psychiatrists have published a number clinical practice guidelines.

3. How to best support the needs of family members and carers of people living with mental illness.

As there is very little research on supporting families and carers, seeking carer feedback will be essential for providing services which will meet carers needs. Carers may prefer the main focus to be on the wellbeing of the person who is unwell. Professionals should be empathic and offer to advocacy to assist with fulfilling their role as a carer. Current research indicates educational interventions may help carers of people with dementia, while problem solving may help parent carers for children with autism spectrum disorder. Family therapy for parental depression could also be integrated in pediatric

care.

4. How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health.

People who are particular at-risk of mental illness include those living in poverty, and having reduced access to services due to rurality, long-term health conditions or other diversity issues. For people living in poverty, microfinance loans can alleviate poverty and improve mental health. This is particularly important as people with mental illness are often in trapped in a vicious cycle of poverty and mental illness. In rural areas and other low-resource settings, supervised paraprofessionals or lay counsellors can be trained to deliver low intensity mental health interventions. Low intensity cognitive behavioural therapy has also been shown to be effective for co-morbid anxiety, depression and long-term health conditions. The model of care will need to be culturally-adapted for Australia by consulting with Aboriginal people, traditional owners and culturally diverse communities. For example, wellbeing may be a more inclusive term in cultures which do not have equivalent words or phrases for mental health.

5. How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.

Due to a lack of evidence for integrated treatment, shared decision-making with clients is vital for improving the mental health of people with dual diagnosis. From what little that is known, combined motivational interviewing and cognitive-behavioural therapy can be effective for co-morbid alcohol use and depression. Treatment for dual diagnosis of substance use disorders and post- traumatic stress disorder can also have positive effects.

Summary

Incidents of harmful behaviour such as child maltreatment, self-harm and violence should be used as leverage for immediate change. For example, leaders can redesign services by upskilling the workforce in parent skills training, motivational interviewing and problem solving. The safety and effectiveness of services can then be measured for ongoing quality improvement.

Within a stepped care model, mental health promotion can destigmatise seeking help, while prevention and early recovery can reduce the risk of mental illness into adulthood. Parenting skills such as reinforcing positive child behaviour and nonviolent discipline can both prevent and improve mental health problems. Free or low cost training resources could be used to upskill, and expand, the existing workforce to deliver low intensity interventions for common mental disorders.

Feedback should be routinely sought by mental health services, especially from families and carers. Low intensity interventions should also be adapted for populations at-risk due to limited access to mental healthcare. Shared decision-making is also vital for to actively involved clients or patients in their care, especially where there is limited evidence for effective interventions.

Improving Victoria's mental health system will be of great benefit to clients or patients, especially if leaders at every level support the transition to an evidence-based stepped care model. In mental health we already have innovative models of care and effective interventions which can be adapted to Victoria's mental health system. As leaders we have a responsibility to remove the barriers which

prevent the workforce from providing quality mental healthcare, and ensure sufficient resources are invested in helping people to recover from mental illness.

Yours Sincerely,

Graeme Davy-Watts

Manager, Family & Community Services

Attachment:

Resources to Improve Access to Quality Mental Healthcare

Resources to Improve Access to Quality Mental Healthcare

Training

CBT Australia https://www.cbtaustralia.com.au

CBT Institute http://www.cbtinstitute.com.au

Cognitive Behavioural Therapy, Flinders University https://www.flinders.edu.au/study/courses/postgraduate-cognitive-behaviour-therapy

Family Talk, Emerging Minds https://emergingminds.com.au/online-course/family-focus/

Leadership & Management, TAFE www.tafecourses.com.au

Low intensity self-help books, Flinders University http://www.flinders.edu.au/medicine/sites/psychiatry/education/cbt/licbt-guided-self-help-workbooks.cfm

mhGAP Training, World Health Organisation https://www.youtube.com/user/mhGAPtraining

Motivational Interviewing Network of Trainers https://motivationalinterviewing.org

Problem Management Plus, World Health Organisation https://www.who.int/mental_health/emergencies/problem_management_plus/en

Professional Development, Mental Health Victoria www.mhvic.org.au

Useful websites

Centre for Clinical Interventions https://www.cci.health.wa.gov.au

Family Check-Up, Reach Institute https://reachinstitute.asu.edu/programs/family-check-up

Good Shepherd Microfinance https://goodshepherdmicrofinance.org.au

Google Scholar https://scholar.google.com.au

Mental Health Innovation Network https://www.mhinnovation.net

MindSpot Clinic https://mindspot.org.au/

New Access https://www.beyondblue.org.au/get-support/newaccess

Raising Children https://raisingchildren.net.au

The California Evidence-Based Clearinghouse for Child Welfare https://www.cebc4cw.org

Videos for Parents, Reach Institute https://reachinstitute.asu.edu/family-check-up/for-parents/videos

WHO Mental Health Gap Action Programme https://www.who.int/mental_health/mhgap/en/

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