Bruce Tonge

Your contribution ***Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.***
1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
3. What is already working well and what can be done better to prevent suicide?
4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
6. What are the needs of family members and carers and what can be done better to support them?

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

It is a fact that mental health problems are a leading cause of suffering, disability and mortality across the life span and a major drain on the social and economic wealth of the nation. Prevention and early intervention is therefore a public health necessity. Given the lifelong developmental trajectories of the majority of mental health disturbances, it is obvious that the most efficient cost effective and powerful preventative strategies and interventions are early in life. "Early intervention" later in life such as for first episode psychosis, youth suicidal behaviour, post- traumatic stress in veterans, and pathological memory loss in ageing are in fact targeted interventions for emergent disorders that have in the main antecedent and cumulative risks stretching back into childhood.

There is abundant and irrefutable evidence that three public health strategies have the greatest capacity to reduce the cumulative risk and burden of mental illness across the lifespan in a manner similar to the value in physical health of early childhood vaccination.

1. **Early in life.** Our resilience, personality strengths and mental robustness is established in infancy. Emotional support for a woman and her partner during pregnancy and the early years of her child's life encourages attachment to and effective care of her baby: an essential foundation of mental health. Early help for risk situations such as domestic violence, substance abuse, poverty and emotional difficulties during pregnancy and for women with infants, provides the opportunity to reduce these risks, treat mental health problems, build healthy attachments between mother and child and promote stronger families and communities.

   Victoria already has available an evidence- based parenting programme for pregnant women and women with babies suitable for broad application. The building early attachment and resilience programme (BEAR) developed at the Royal Women's Hospital (Attachment 1) can be delivered by early childhood professionals (maternity, maternal and child health, early childhood services) following a brief training. It is flexible in delivery, inclusive, and can be tailored to suit at risk groups of mothers such as those experiencing pre and post- natal mental health problems, domestic violence, and substance abuse.

2. **Preschool years.** Quality preschool education experiences for children promotes social development, build the foundation for learning and is a key factor associated with better numeracy and literacy skills and mental health later in life. Early detection of developmental delay including delay in language development and social and play skills and the detection of children with neurodevelopmental conditions such as ASD and intellectual disability,

provides the opportunity for effective early intervention thus promoting better long-term mental health outcomes.

The single most beneficial preventative early intervention public health strategy at this time of life is 2 years of quality preschool education, 20 hrs per week for all children (Attachment 2). Governments around Australia are recognising and responding to this fact. However, inadequacies remain for three- year- old children and the workforce is not yet sufficiently well trained to deliver the quality education required. Early childhood mental health services are also insufficient to respond to and provide evidence-based, early intervention for at risk children identified by preschools.

3. **Primary school years.**

The foundation of our ability to work, play, be creative and live effectively in community, requires support for schools and teachers, strong partnerships between parents and schools and accessible and inclusive opportunities for children to play safely and engage in sport and creative activities. Early intervention for learning difficulties, bullying, school absenteeism for whatever reason, and emotional and behavioural problems in children facilitates an effective transition into a mentally healthy adolescent and young adult life.

There is now unequivocal evidence that evidence- based parent education and skills training programmes are of long-term benefit to all families with young children. They decrease parental stress and improve parental mental health and family quality of life, and promote long-term better child mental health outcomes. For example, facilitating improved long-term mental health outcomes for children with anxiety, disturbed behaviours, depression, neurodevelopmental problems such as ASD and ID, thus reducing the risk of continuing mental health problems into adult life.

These programmes are offered at different levels of intensity and formats to suit all types of families and at -risk child and family situations. Population wide reach is feasible through existing early childhood, mental health, disability, child protection, and education services following staff completion of accredited, relatively brief training. Examples of evidence-based parenting programmes in Victoria are the Mental Health of Young People with Developmental Disability programme (based on the Stepping Stones Triple P Programme (Attachment 3) and the Autism in The Preschool Years: A Parent Education and Skills Training Programme (Reference1).

Conclusions.

The community wide implementation of these three strategies provides the best value for money investment in the promotion of community mental health and wellbeing with both immediate and sustained long term improvements in the nation's social and economic capital.

Attachments:

1. BEAR_flyer with study info (3).pdf

2.  Victorioan mental health commission Two-Years-are-Better-than-One.pdf

3.  MHYPEDD The Stepping Stones Triple P Research Project Report (1).pdf

References:

1. Tonge, B., Brereton, A., Kiomall, M., Mackinnon, A., & Rinehart, N. J. (2014). A randomised group comparison controlled trial of 'preschoolers with autism': A parent education and skills training intervention for young children with autistic disorder. Autism, 18(2), 166–177. https://doi.org/10.1177/1362361312458186

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

11. Is there anything else you would like to share with the Royal Commission?

Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ☒ Yes ☐ No