

Recommendations for Terms of Reference for Royal Commission into Mental Health

1. About VANISH

Established in 1989, VANISH is a community-based, not-for-profit service organisation specialising in the lifelong issues relating to adoption, out-of-home-care and donor conception. VANISH undertakes family tracing and provides support, information, counselling, support groups and community education. VANISH undertakes advocacy on behalf of our service users and members, all of whom are adults. The majority of the VANISH Committee of Management, staff and volunteers have a relevant personal experience.

Many of the individuals accessing our services identify as survivors of Past or Forced Adoption Policies and Practices. These are policies and practices that State and Federal Governments have unreservedly apologised for. Premier Ted Baillieu delivered the *Victorian Parliamentary Apology for Past Adoption Practices* on the 25th October 2012 and former Prime Minister Julia Gillard delivered the *National Apology for Forced Adoptions* on the 21st March 2013.

According to the Senate Inquiry Report, *Commonwealth Contribution to Former Forced Adoption Policies and Practices* (2012), an estimated 210,000 to 250,000 adoptions took place between 1940 and 2012. Mothers, fathers, adopted persons and their families were affected by these practices, and the consequences continue to ripple throughout subsequent generations.

2. Adoption separation is a contributing factor to mental and emotional health issues

This is supported by research, including the Senate Inquiry (2012) and National Research Study on Past Adoption Experiences conducted by the Australian Institute of Family Studies (AIFS) (2012). The impact of past adoption experiences effects mothers and fathers who were separated from a child or children through adoption, as well as adults who were adopted.

Mothers often deal with emotions such as grief, loss, shame and secrecy surrounding their experiences of separation from a child or children. Mental health and wellbeing measures used in the AIFS survey indicated a higher than average likelihood of mothers suffering from a mental health disorder compared to the general population, with almost half of the mothers surveyed showing a likelihood of having a moderate or severe mental disorder at the time of survey completion. Mothers rated lower quality of life satisfaction than the Australian norm, and over half had symptoms that indicate the likelihood of having post-traumatic stress disorder.

One-third of **fathers** involved in the AIFS study were likely to have a mental health issue, and almost all of them showed some symptoms of post-traumatic stress.

Adopted individuals who responded to the AIFS survey had lower ratings than average on three of the four quality of life domains, and close to 30% were, at the time of the survey, suffering moderate or severe levels of psychological distress (compared with around 10% of the general population). Their overall satisfaction with life was also lower than average population results.

Research findings from the US have reported the emergence of mental health issues in adopted individuals before adulthood. A study of over 1,200 US teenagers reported that adoptees were four times as likely to attempt suicide than non-adopted individuals (Keyes, Malone, Sharma, Iacono, and McGue, 2013). Adopted children are also disproportionately represented in residential treatment programs in the US, comprising only 2% to 3% of the US population, but approximately 16.5% of the population in residential care (Bettmann, Freeman, and Parry, 2015), pointing to the need for early-intervention programs specifically designed to meet the special needs of adopted adolescents.

Qualitative research suggests that adopted individuals, including those who had a positive experience growing up with their adoptive families, face multiple issues over their lifetime. In fact, the AIFS study refers to the overwhelming amount of information provided regarding how adoption affected many areas of adopted persons lives, such as identity, family and other intimate relationships, parenting behaviours (including confidence), and issues with abandonment and attachment.

Anecdotal evidence has long suggested that parents separated from a child or children through adoption and adopted people are over-represented as clients in mental health care, and the research findings described above are supported by VANISH's 30 years of experience working with the past adoption community.

3. Specialised mental health services are needed to address ongoing and complex impacts

The above findings have significant implications for the workforce development requirements of those likely to be in contact with individuals affected by past adoption practices, including primary health providers and those working in the mental health field, such as psychologists, psychiatrists and psychotherapists. Mental health professionals require specialised education and training to respond effectively to the needs of those affected by past adoptions, including skills to provide trauma-informed care.

The two key issues identified by the AIFS study relating to professional education were: (a) knowledge about the events that surrounded closed adoption and the range of experiences that those affected may have encountered - including abuse, neglect, and late discovery of adoption for adopted persons; and (b) training in specialist therapeutic skills to address the ongoing effects of trauma, identity issues, negative self-concept, and relationship issues that relate specifically to the adoption experience.

Similarly, the Senate Inquiry report highlighted the "ongoing nature of the trauma caused by forced adoption, and the consequent need for counselling" (p. 219). Due to the complexity of grief, a consistent theme was the need for specific counselling services by well-trained and experienced professionals. The committee noted that "counselling to people affected by former forced adoption practices is a niche skill that cannot be developed without adequate exposure or training" (p. 226).

The experiences and issues described above are also commonly experienced by other groups who have been systematically separated from family members through institutional policies and practices, including Stolen Generations, Forgotten Australians and Former Child Migrants. These groups require specialist assistance by professionals who have a sound understanding of the lifelong impacts of their experiences. As with all vulnerable groups, the provision of appropriate, specialised services is an important preventative measure against more severe mental health issues and suicide.

4. Lack of accessibility to appropriate services and risk of re-traumatisation

While both the AIFS study and Senate Report emphasised the importance of appropriate and specialised counselling and support, access to affordable and ongoing services, and the need specialist training services for mental health care workers, VANISH service users repeatedly inform us that they struggle to get their mental health needs met. Not only this, but the lack of understanding amongst mental health professionals

results in the of re-traumatising individuals who require support. VANISH has received many, many reports of professionals being dismissive, misinformed, inadequate or perpetuating the myths and stigma that prevent recovery.

As one mother articulated in the AIFS study:

The understanding and empathy of the wider community ... would especially include those working in the psychological professions, who too often see adoption as just a tick-a-box and so do not recognise the possible long-term impact of separation loss for both mother and child. (71, 2012)

VANISH, an organisation built upon the principle of 'with us not about us' has provided a small specialist counselling service and support groups for people affected, however demand still exceeds supply. Victoria therefore needs increased availability of professional one-on-one support/counselling/therapeutic interventions, delivered by psychiatrists, psychologists and other professionals who have had specialised training or experience in adoption-related issues such as trauma, disenfranchised grief, genealogical bewilderment and genetic sexual attraction.

5. Continued need for training and education amongst mental health practitioners

In addition to specialist services such as those offered by VANISH, there remains a need for

- increased and improved education and training for professionals such as counsellors, social workers, mental health professionals; and
- training and access to information regarding adoption-related issues for primary and allied health services professionals.

Where possible, such training and education should be informed and/or facilitated by individuals with a lived experience of adoption.

Following the Victorian Parliamentary Apology, VANISH developed and delivered an extremely successful Post-Adoption Training program to professionals across Victoria, funded by the Victorian Government for three years. Whilst this training was extremely well received by those who attended, it is a modest contribution in proportion to the number of Victoria's mental health workers and there is still much work to be done to ensure that Victorian professionals respond to the needs of the community appropriately and do not re-traumatise individuals affected.

6. VANISH's recommendations

Based upon the points raised above regarding the lifelong impacts of family separation and the specialist needs of these specific vulnerable groups, VANISH strongly recommends that the Terms of Reference for the Royal Commission include establishing:

- a) the extent to which services are appropriately targeting and addressing the needs of particularly vulnerable groups including people affected by past and forced adoption practices;
- b) the framework and mechanisms in place to ensure coordination and collaboration between specialist service providers such as VANISH and the broader mental health providers;
- c) whether the lifelong impacts of separation from a child or family through adoption are adequately incorporated in current training and education for mental health workers; and
- d) the adequacy of data gathering and reporting in terms of the links between the vulnerable groups mentioned above and the risk of complex mental health issues and suicide.

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