

Royal Commission on Mental Health

OzChild Submission

June 2019

OzChild is a leading child welfare organisation committed to improving the lives of at-risk children, young people and families in our community for nearly 170 years. We work hard every day to provide a better future for those in our care with the belief that every child and young person deserves the chance to shine.

We are focused on providing support for children and young people in Foster or Kinship Care and keeping families together where possible through the delivery of evidence-based programs and services aimed at strengthening and repairing relationships.

OzChild was one of the first not-for-profit organisations to introduce evidence-based programs to Australia and have a proven record of working collaboratively with government to allocate investment in innovative solutions to achieve better outcomes for vulnerable children and young people.

Today OzChild employs over 700 staff, carers and volunteers in Victoria, New South Wales, Queensland and the ACT, delivering 26 programs and services to over 10,000 children, young people and family members each year. We work to improve outcomes for children and young people and aim to demonstrate those outcomes by measuring the success of our programs through a strong evidence-based methodology in line with OzChild's vision, purpose and strategic plan 2016-2020.

OzChild's Vision: *All children and young people are safe, respected, nurtured and reach their full potential.*

OzChild's Purpose: *OzChild supports vulnerable children and young people by providing healing, preventing abuse and neglect, and strengthening families.*

OzChild's Commitment: *All our services are underpinned by a robust and contemporary governance framework, based on risk identification and resource prioritisation.*

We welcome the opportunity to submit to the Royal Commission into Victoria's Mental Health System and hope the feedback we provide regarding OzChild's programs and services will prove of benefit to the Commission. We look forward to exploring further opportunities to work together to support vulnerable children, young people and their families, empowering them to reach their full potential.

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?

Addressing the mental health needs of traumatised children and young people who may still be feeling disconnected and unsafe requires a specialist response, it is our belief the needs of these children should be addressed. Families experiences of trauma, mental illness and disadvantage are escalating before accessing services and the impact of persistence/prevalence of mental health challenges that emerge in childhood indicates that investment in well targeted, evidence informed services and early intervention is required. Research by the Economist, James Heckman, has shown that targeted investment in disadvantaged pre-schoolers pays back a 13% annual return through better outcomes in health, social behaviour and employment.

Emotional and behavioural well-being is measured at OzChild using data from the Strengths and Difficulties Questionnaire. Results in 2018 showed 49% of children in Foster Care and 14% of children in Kinship Care had some risk of developing mental health difficulties.

This is consistent with the literature to the benefits of being in Kinship Care. OzChild recognises there is much room for improvement in this outcome and our CEO, Dr Lisa Griffiths is clear that, “It is no longer good enough for a child to only get what is available. We strive to give a child what is needed and what the evidence says works.”

The programs we know work are either limited in their funding to a point where the level of impact needed to deliver significant system wide and community wide benefit is not realised or alternatively, they are not funded at all. Most mental illness first emerges before the age of 25, with the research supporting the prioritisation for early intervention to be delivered as part of the education system. The “whole school approach”, which is gaining traction in the UK and New Zealand emphasises coping skills and resilience and sees positive mental health as fundamental to the ethos of a school.

In the next year OzChild will be growing its reach in the provision of Triple P and given the increased need for support in the field of mental health and addiction OzChild is currently undertaking scoping exercises for Stop Now And Plan [SNAP] and The Blues Program in order to introduce them to Australia. Triple P focuses on preventing behavioural and emotional difficulties emerging in school aged children and teenagers by providing parents with skills to parent effectively. The Blues Program which is a cognitive behavioural depression prevention group is intended to actively engage high school students with depressive symptoms or at risk of onset cognitive behavioural knowledge, greater improvements in social adjustment at six-month follow-up and reduced negative cognitions and increased reports of pleasant activities (Stice, Rohde & Gau, 2010).

SNAP is an evidence-based cognitive behavioural model that provides a framework for teaching children struggling with behaviour issues, and their parents, effective emotional regulation, self-control and problem-solving skills. The primary goal of SNAP is to help children to stop and think before they act and keep them in school and out of trouble. Conduct problems are the most referred mental health issue for children under 12. Approximately 75% of children who start offending before age 12 are at considerable risk of continuing down this path (Sentencing Children and Young People Victoria, 2012). Children aged 6-12 are good candidates for learning self-control strategies. Early cost savings for SNAP, in the Canadian context are showing an average return of \$7 for every \$1 spent in the first year.

Every day staff at OzChild experience challenges in responding to the complex mental health needs of children and young people in our services largely due to under resourcing of key services and the complexity of presentation that children who have experienced traumatic backgrounds are presenting with. OzChild, using an evidence informed approach partners with key agencies to support young people and their families throughout these difficult and challenging times. A clear focus of responsibility for social well-being should be established within government. Multiple agencies take a role in leading aspects of well-being, but better coordination of effort and investment is needed, with clear alignment between the multiple funding areas, portfolios and clinical frameworks, approaches and measurement regimes. The fragmentation of services and a lack of coordination inhibits a partnership response. We need a more concerted and organised approach to our investment in social well-being, promotion and prevention to ensure children and young people who need the services most are able to access them in a timely manner.

Mental health and addiction should be part of a continuum rather than separate entities. To improve outcomes for mental health and addiction, we must address the wider social determinants that influence not just mental health but wider social well-being. While the early years are a critical period of intervention, opportunities also exist for the preventative and resilience-building activity throughout life. Importantly, promotion of well-being is not just about individual well-being but also the connected well-being of families and communities.

OzChild have a proven record of working collaboratively with government to allocate investment in innovative solutions to achieve better outcomes for vulnerable children and young people. The focus is not about working with the individual but working with all key people in that young person's world to support change to occur. OzChild was one of the first not-for-profit organisations to introduce evidence-based programs to Australia, that have high levels of research in terms of outcomes and are focused on providing support for children and young people to reduce entry to out of care and keeping families together where possible through the delivery of evidence-based programs and services aimed at strengthening and repairing relationships.

OzChild's provision of evidence-based service programs such as SafeCare, Multi-Systemic Therapy for Child Abuse and Neglect and Functional Family Therapy – Child Welfare [MST-CAN] address three key risk factors for child abuse and neglect with an aim to keep infants and young children in a safe, loving home and protect them from neglect and abuse. SafeCare is a training program for parents of children aged 0–5 who are at risk of, or have been reported for, neglect or physical abuse. SafeCare educators work with families in their homes to improve parents' skills and is focused on targeted intervention for young children to reduce the longer-term engagement with services. MST-CAN is an evidence-based program for families with serious clinical needs who have come to the attention of Child Protection due to the physical abuse and/or neglect of children. Extensive safety protocols are geared towards preventing re-abuse and the placement of children into care. The team works to foster a close working relationship between Child Protection and the family. Functional Family Therapy – Child Welfare [FFT-CW] is an adaptation of Functional Family Therapy [FFT], which was designed to provide services to young people (0–18 years) and their families. The model involves a strong cognitive/ attributional component integrated into systemic training in family communication, parenting skills, conflict management skills, and numerous other skills linked to a variety of referral problems. Early results from these programs are reported as having a positive impact on young people and their families across these key domains in line with the international results.

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

It is important to build a strong evidence base of safe and effective mental health promotion and prevention interventions and fund accordingly. Young people who use alcohol and drugs early have adverse outcomes due to their still-developing brains and the lifelong dependency that early use can precipitate. Addiction should be viewed as a health and social issue that requires care and support for effective management.

OzChild, using evidence-based programs, promotes a holistic response focused on building capacity for change rather than focusing on the diagnosis. Across the suite of service delivered the focus is on upskilling individuals to cope and go on to build and experience positive lives. To do this we require appropriately trained individuals with a wide skill set who can address complexity across several domains. In providing multi-skilled workers we aim to reduce the siloed response often experienced by families which increases the barriers to access services.

We have a clear focus on family support and reunification at OzChild. We recognise the impact a carers mental health has on children at home and in Out-of-Home Care and support adult and child access when safe and appropriate to do so. We deliver targeted care packages which focus on preventing Out-of-Home Care placements or reduce further involvement with Child Protection services.

What makes it hard for people to experience good mental health and what can be done to improve this?

We understand the complexity of this issue and while we identify a need for a more coordinated, whole-of-government approach to address the complex underlying drivers of wider well-being, at OzChild we also realise the importance of looking at solutions and support outside of government to families, communities and wider society. These interventions include measures to counter mental health and addiction stigma and discrimination, reduce bullying in schools, foster (mentally) healthy workplaces, promote mindfulness and self-care, and build resilience in individuals and communities, especially in children and young people (both at school and in the home environment). At OzChild all young people who are leaving care have a transition plan that identifies the support that will be key to helping them to make a successful transition. We endeavour to partner with key agencies such as housing, health and education to reduce the silo's that services operate within.

Many people receive treatment that does not meet their needs and staff and individuals report finding it hard to navigate the system. The delivery of our evidence-based and informed services does not focus on the treatment of individuals but rather on the individual within the context of their family and community. We include and communicate with all parties and believe that decisions need to be made in partnership to support change. People with lived experience are often at the outside of service delivery rather than a key partner. Our consumer voice needs to be supported and strengthened and is included in clinical governance to support continued service growth and development.

At OzChild we regularly gather and consult to ensure the voice of young people, carers and other significant people are heard and utilised to drive our service development and responsiveness. In our annual review 92% and 84% of children and young people in Foster and Kinship Care said “good and very good” about how they were doing and feeling. This suggests that, on average, most children and young people in OzChild's care were feeling positive about their placement.

What is already working well and what can be done better to prevent mental illness and support people to get early treatment and support?

The importance of family and personal relationships in recovery is well recognised, yet current mental health models tend to be individualistic in their approach. We know that meaningful engagement requires expertise, persistence and assertive outreach and requires more time and resources than dealing with the individual. We believe the importance of taking this time is the reason for success of our evidence-based and informed practice models. For our Indigenous and Culturally and Linguistically Diverse (CALD) peoples the concept of connection to extended family and relationships is critical for health and well-being. OzChild supports the delivery of culturally appropriate services that are not delivered to an individual in isolation from their family. In 2018, 84% of children and young people when asked how well connected to their culture or community they felt, reported feeling connected to the important things about them “all of the time”. Over 90% of Aboriginal children are having contact with their siblings and 55% are having contact with other family members. This is an important focus for OzChild and is a key recommendation being carried forward into 2019 and beyond.

We require a clear overarching investment strategy within which we can operate. As the UK and New Zealand are adopting a ‘whole of school approach’ we require a whole system approach to focus on improving outcomes in mental health. There is a strong focus on educational attainment in OzChild as we know that engagement in education improves outcomes for children and young people in terms of improved mental health outcomes over their life course. A report published in the journal Social Science and Medicine in the UK last week highlighted the significance of employment for reducing people's risk of

falling into the 'poorest mental health' category. In 2018 100% of eligible children and young people under the care of OzChild were enrolled in school and 92% in their age-appropriate year level. 85% of children and young people are achieving in Mathematics and English. 94% of Aboriginal children and young people are rated as achieving for their year in both subjects.

OzChild delivers Multisystemic Therapy [MST] and Functional Family Therapy [FFT] in the statutory prevention space. MST is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behaviour across key settings, or systems within which youth are embedded (family, peers, school, and neighbourhood). Because MST emphasizes promoting behaviour change in the young person's natural environment, the program aims to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising teenagers, and to empower young people to cope with the family, peer, school, and neighbourhood problems they encounter. Many studies have demonstrated the positive outcomes of MST on lessening troublesome behaviour in young people. A meta-analysis of MST outcome studies found that MST participants had surpassed 70% of those in alternate treatment for emotional and behavioural function (Curtis, Ronan & Borduin, 2004). Follow up indicated these outcomes were maintained for as long as four years.

FFT is a short-term intervention program for young people and their families, who have been referred for behavioural and emotional difficulties by youth justice, mental health, schools or child welfare. At the core of FFT is an assessment and intervention to address risk and protective factors, both within and outside of the family that impact the youth and their development. FFT has been evaluated in New Zealand working with Indigenous youth and found to be effective and acceptable (Heywood and Ferguson, 2016). OzChild is currently leading research on FFT-CW effectiveness in ACT with Aboriginal young people, with early indicators of positive outcomes with an outcome report expected later this year. We are also undertaking an evaluation of FFT in NSW with a cohort of young people who are offending within the home. This trial is early in its implementation but given the evidence underpinning this program OzChild is confident that it will make an impact on reducing stress in families and improving overall family functioning.

What is working well and what can be done to better prevent suicide?

Harmful alcohol use has significant impacts on an individual's health and society, including causing damage to developing brains, impairing self-control, and playing a role in at least half of youth suicides and one-third of recorded offences. New Zealand data shows that considerably more than half of youth suicides involve alcohol or illicit drug exposure. Further, alcohol use can negatively affect personal relationships and negatively affect educational outcomes. The inclusion of addiction within the mental health domain is key. Access to the range of services and models identified earlier will be important.

People who attempt suicide or express suicide ideation need to be able to access a wide range of therapies and interventions. Reducing suicide rates will require a whole of systems approach. As part of our delivery of the evidence-based services MST, MST-CAN and FFT and FFT-CW we engage all families in risk assessment and safety planning to deliver individualised but whole family system responses to supporting change including accessing counselling, social support and alcohol and drug interventions. Suicide is complex and many factors contributing to it cannot be controlled, making it challenging to reduce however by delivering intensive, goal focused and action orientated treatment we build on resilience factors through a strengths focus to support engagement in education and bring about change in young people's lives. Views are mixed about establishing a suicide reduction target and OzChild would urge the Royal Commission to review examples of where this has worked well; for example, Scotland and New Zealand.

When suicide occurs the process for investigating deaths should be about supporting individuals and families and encouraging learnings for organisations and systems to occur. All too often these processes

can be experienced as adversarial, done over long periods of time and not responsive to the needs of bereaved families or culturally supportive.

Mental Health | Aboriginal Families

It is well evidenced that Aboriginal People have articulated the strong relationship of mental health and well-being to physical health and see the loss of mental well-being as contributing in a major way to the poor physical health and health outcomes of Aboriginal People. There is much to suggest that this is indeed a further significant and major contributor to the adverse and deteriorating state of the health of Aboriginal people. The following risk factors have been identified by community leaders over the decades:

- Unresolved historical and inter-generational trauma
- Loss of cultural identity
- Loss of spiritual connection to land
- Little or poor education
- Lack of cultural resilience
- Family disconnection
- Unemployment and lack of opportunities
- Welfare dependency
- Lack of respect
- Disempowerment and loss of community control
- Ongoing racism
- Hopelessness and social breakdown
- Social exclusion

Aboriginal People have articulated a number of principles that should guide all strategies, policies and programs that impact them, namely, that:

- family and kinship are central;
- there is no single Aboriginal and Torres Strait Islander culture or group; and
- Aboriginal and Torres Strait Islander people have great strengths.
- the concept of health is holistic, encompassing mental, physical, social, cultural and spiritual health;
- self-determination is central;
- culturally valid understanding must shape the provision of services;
- experiences of trauma and loss are major factors contributing to impairment of health and well-being;
- human rights of Aboriginal People must be recognised and respected;
- racism, stigma, environmental adversity and social disadvantage have negative ongoing impact on health and well-being;

Aboriginal concepts of mental health are wholistic and are defined as follows:

“Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities.”

“This is an evolving definition.” National Aboriginal Health Strategy 1989 px

Any delineation of mental health problems and disorders must encompass a recognition of the historical and socio-political context of Aboriginal Mental Health including the impact of colonisation; trauma, loss, and grief; separation of families and children; the taking away of land; and the loss of culture and identity; plus the impact of social inequity, stigma, racism and ongoing losses.

There must be a developmental perspective with interventions at individual, family, and community levels. Prevention must have a high priority and be a significant part of program development especially in the absence of even basic levels of service provision. Program elements must encompass promoting development, through antenatal and postnatal care, parenting support, young mother and Aboriginal home visitor programs. There is the need for special programs and parenting support for young children at risk and programs specifically aimed at preventing child abuse and neglect. Healthy schools' programs, and prevention programs for young people of all ages are important elements.

Services should be developed through specialised networks linked to child, adolescent and family therapy programs in the general mental health services, ensuring these are sensitive to, and culturally informed about, Aboriginal Mental Health. Special needs groups include children who have physical illness and chronic disability, developmental disabilities, learning disabilities, and particularly the children of parents with mental illness. It is essential that young people are involved in program shaping and development where programs are oriented to their needs and age group. To achieve prevention and service development, each community should have a senior management and coordinating position for children and young people's mental health to link, coordinate and develop programs as appropriate to need. Prevention and early intervention programs for those at high risk, youth programs, and community support should be developed. Special mental health networks should provide the framework for direct services and care. Education of health workers and general mental health services and the community will be necessary to support these programs. Data and information support should come also through a survey of Aboriginal children and young people linked to a component of the National Mental Health Survey.

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