Submission

Protecting Victoria's Vulnerable Children Inquiry

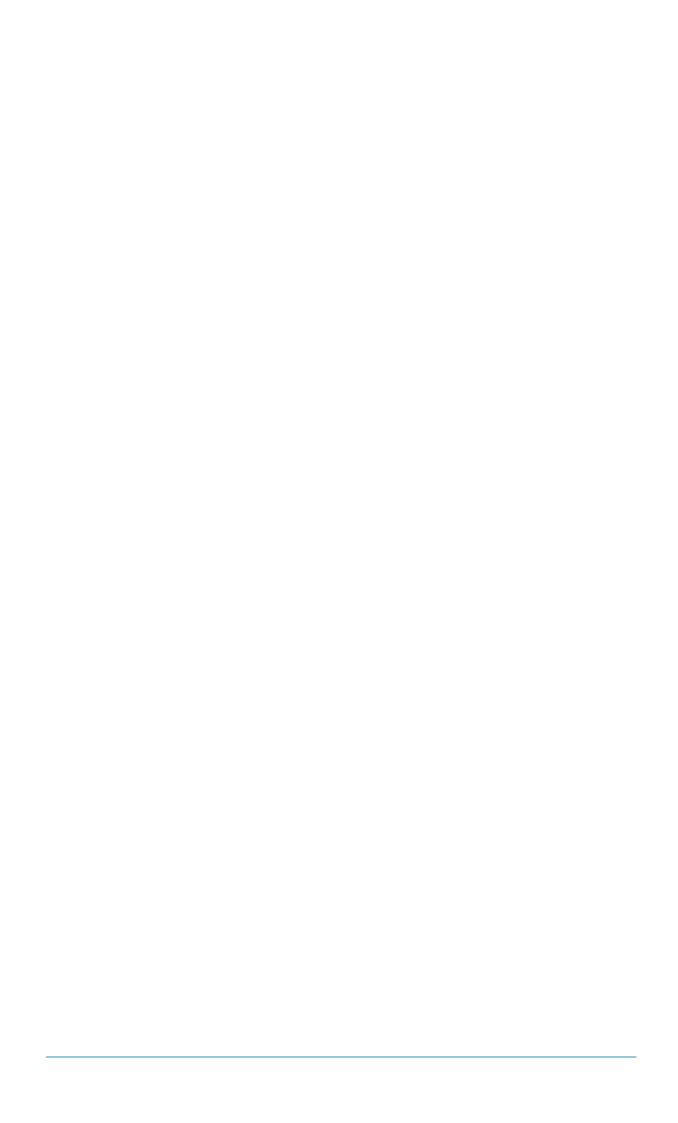# Protecting Victoria's Vulnerable Children

beyondblue: the national depression initiative

beyondblue is pleased to have the opportunity to present this submission to the Victorian Government on the *Protecting Victoria's Vulnerable Children* inquiry. In making this submission, *beyondblue* has focussed on the **high prevalence mental disorders of depression and anxiety**, the impact on consumers and carers and we have responded on areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and reducing stigma associated with the illness. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on the illness and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia. [1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year. [2] People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness. [3]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden. [4] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease. [5]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover.[6] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[7]

beyondblue's response to the Protecting Victoria's Vulnerable Children Inquiry

Terms of Reference 2 – Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

A comprehensive, multi-sectoral approach is needed to improve the early identification of, and intervention targeted at, vulnerable families. This should focus on implementing universal strategies that target parents and children, and improving the integration and coordination between child protection and health services. It is essential that strategies are delivered in non-stigmatising and non-threatening environments.

The KidsMatter programs demonstrate successful universal interventions targeting children. KidsMatter Primary is a mental health promotion, prevention and early intervention initiative developed for primary schools by the Australian Government Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and Principals Australia. This collaborative program involves the health and education sectors, and aims to:
- improve the mental health and wellbeing of primary school students;
- reduce mental health problems among students; and
- achieve greater support for students experiencing mental health problems.

KidsMatter Early Childhood has been developed following the success of KidsMatter Primary, and provides a mechanism for preschool and long day care services to plan and implement evidence-based mental health strategies. This program, which has been developed by the Australian Government Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and Early Childhood Australia, aims to:
- improve the mental health and wellbeing of children from birth to school age;
- reduce mental health problems among children; and

- achieve greater support for children experiencing mental health difficulties and their families.

Implementing universal strategies in accessible environments, such as early childhood settings and schools, provides an opportunity to identify children who are experiencing mental health problems and intervene early with both the child and their family. Other universal strategies to enhance the early identification and intervention of at-risk children should target the settings that reach vulnerable families. For example, there is good evidence that maternal and child health services provide a non-stigmatising platform to reach vulnerable families and enhance positive outcomes.[8] Likewise, working through mental health and drug treatment services to discuss parenting roles and the needs of children provides a non-threatening avenue to identify at-risk families and deliver intervention services.[9] Targeting service providers who are working with families at the transition points of childhood (for example, commencing school), is another opportunity to develop and deliver universal strategies to identify vulnerable families.

To successfully deliver early identification and intervention programs it is important that services and sectors are more integrated and coordinated. Staff working with at-risk families in different sectors need to better understand the issues that contribute to vulnerability and barriers to accessing services – for example, the impact of mental illness, alcohol and substance abuse, trauma, domestic and family violence, parental experiences of being in state care, stressful life circumstances, unemployment, economic disadvantage, homelessness and social isolation.[10] These factors impact the wellbeing of parents and children, and demonstrate the need for multidisciplinary, intersectoral approaches when working with vulnerable families.[11]

To improve the collaboration between sectors, both system and practitioner-level strategies are needed. The knowledge, skills and confidence of practitioners needs be strengthened to enable staff to better understand the complexities of vulnerable families, and to deliver holistic care. Arney, Zufferey and Lange's (2010) 'Mental Health Liaison' project provides an example of an effective strategy to improve the links between child protection and mental health services at a practitioner-level.[12] This needs to be complemented by system-wide initiatives that address systemic barriers to collaborative care, such as adequate resourcing, confidentiality, the role and function of different services, and adopting a 'whole-of-family' approach.

Recommendations
1. Develop and implement universal strategies to identify vulnerable families in non-threatening and non-stigmatising settings.
2. Implement system and practitioner-level strategies to provide families with collaborative and coordinated care.

Terms of Reference 3 – The quality, structure, role and functioning of out-of-home care, including permanency planning and transitions; and what improvements can be made to better protect the best interests of children and support better outcomes for children and families

Out-of-home care

Children in out-of-home care have poorer mental health outcomes than other children. A Victorian study suggested that 18% of children in out-of-home care had a diagnosed mental health issue and 14% had threatened suicide.[13] A significant proportion of these children are not accessing required professional help for their mental health issues.[14] The factors that contribute to poor mental health outcomes in children in out-of-home care are complex – they include parental experiences of mental illness, alcohol abuse and substance abuse; domestic violence; placement disruption; and trauma experience in early developmental stages.[15] [16] The high levels of mental health problems in children in out-of-home care warrant the implementation of routine mental health assessments.

The inclusion of a preliminary health check to assess psychosocial and mental health needs in the *National Standards for out-of-home care*[17] is an important first step in identifying and treating mental health problems. It is essential, however, that children in out-of-home care receive *regular* health checks and there is a mechanism to ensure that adequate treatment and follow-up services are provided. This targeted, individualised care, should be complemented with universal prevention initiatives.

Recommendations

3. Implement routine and regular mental health assessments for all children in out-of-home care.
4. Develop clear referral pathways to mental health treatment services for children in out-of-home care.

Transitions

Young people transitioning to independent living are at great risk of experiencing negative life outcomes, including psychological and social functioning, financial status, and educational and vocational pursuits.[18] [19] However, a sense of security, stability, continuity and social support are strong predictors of better outcomes for young people leaving care.[20] It is essential that comprehensive planning for leaving care is undertaken, as this will promote better outcomes for the young person.

The care planning process should involve:
- appointing specialist caseworkers to manage the development of the transition care plan[21]
- delivering training to carers to assist them to prepare young people for leaving care[22]

- providing young people with essential information on available social support services and how this assistance can be accessed[23]
- developing a simplified version of the plan that the young person can keep for their personal use[24]
- commencing the planning at 15 years of age and continuing to provide support until 25 years of age.[25] [26]

Recommendation
   5. Improve the transition planning process to promote better outcomes and to implement best practice principles.

Conclusion

To improve the mental health outcomes of vulnerable families it is important that universal strategies are developed to identify at-risk families in non-threatening and non-stigmatising settings. This should be supported by initiatives that strengthen the capacity for collaborative and coordinated care between child protection services and other sectors. Having a particular focus on the mental health of children in out-of-home care, and those transitioning to independent living, is particularly important, due to the high prevalence of mental health problems in these population groups. Regular and routine mental health assessments, together with improved transition planning processes, will help to promote positive mental health and identify and treat mental health problems early.

beyondblue is committed to supporting vulnerable families who are experiencing mental health problems. *beyondblue* looks forward to continuing to work with the Victorian Government to address mental health issues in the Australian community.

References

[1] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.

[2] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.

[3] Clarke, D.M. & Currie, K.C. (2009). 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence'. *MJA Supplement, 190*, S54 - S60.

[4] Begg, S., et al. (2007). *The burden of disease and injury in Australia 2003*. Canberra: AIHW.

[5] World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization

[6] LaMontagne, AD., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression: summary report.* Melbourne: Victorian Health Promotion Foundation (VicHealth).

[7] Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.

[8] Scott, D. (2010). Working together to support families of vulnerable children. *Social Work Now,* April 2010, 20 – 25.

[9] Scott, D. (2010). Working together to support families of vulnerable children. *Social Work Now,* April 2010, 20 – 25.

[10] Arney, F., Zufferey, C.A. & Lange, R. (2010). "Mental health is one issue. The child is another issue. Issues bounce back and clash against each other": Facilitating collaboration between child protection and mental health services. *Communities, Children and Families Australia, 5* (1), 21 – 34.

[11] Arney, F., Zufferey, C.A. & Lange, R. (2010). "Mental health is one issue. The child is another issue. Issues bounce back and clash against each other": Facilitating collaboration between child protection and mental health services. *Communities, Children and Families Australia, 5* (1), 21 – 34.

[12] Arney, F., Zufferey, C.A. & Lange, R. (2010). "Mental health is one issue. The child is another issue. Issues bounce back and clash against each other": Facilitating collaboration between child protection and mental health services. *Communities, Children and Families Australia, 5* (1), 21 – 34.

[13] Bromfield, L & Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out of-home care research. *Child Abuse Prevention Issues, 26*, 1 – 39.

[14] Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group. (2010). *National Standards for Out of Home Care: Consultation Paper*. Accessed 28 March 2011:
http://www.fahcsia.gov.au/sa/families/pubs/std_out_of_home_care/Documents/FACS_37724_out_home_care.pdf

[15] Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group. (2010). *National Standards for Out of Home Care: Consultation Paper*. Accessed 28 March 2011:
http://www.fahcsia.gov.au/sa/families/pubs/std_out_of_home_care/Documents/FACS_37724_out_home_care.pdf

[16] Bromfield, L & Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out of-home care research. *Child Abuse Prevention Issues, 26*, 1 – 39.

[17] Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group. (2010). *An outline of National Standards for out-of-home care*. Accessed 28 March 2011:
http://www.fahcsia.gov.au/sa/families/pubs/nat_std_4_outofhomecare/Documents/PAC_national_standard.pdf

[18] Bromfield, L & Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out of-home care research. *Child Abuse Prevention Issues, 26*, 1 – 39.

[19] Council of Australian Governments. (2009). *Protecting Children in Everyone's Business: National Framework for Protecting Australia's children 2009 – 2020.* Accessed 28 March 2011:

http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf

[20] Bromfield, L & Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out of-home care research. *Child Abuse Prevention Issues, 26*, 1 – 39.

[21] McDowall, J.J. (2009). *Create Report Card 2009: Transitioning from Care: Tracking Progress*. Sydney: CREATE Foundation

[22] McDowall, J.J. (2009). *Create Report Card 2009: Transitioning from Care: Tracking Progress*. Sydney: CREATE Foundation

[23] McDowall, J.J. (2009). *Create Report Card 2009: Transitioning from Care: Tracking Progress*. Sydney: CREATE Foundation

[24] McDowall, J.J. (2009). *Create Report Card 2009: Transitioning from Care: Tracking Progress*. Sydney: CREATE Foundation

[25] McDowall, J.J. (2009). *Create Report Card 2009: Transitioning from Care: Tracking Progress*. Sydney: CREATE Foundation

[26] Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group. (2010). *An outline of National Standards for out-of-home care*. Accessed 28 March 2011:

http://www.fahcsia.gov.au/sa/families/pubs/nat_std_4_outofhomecare/Documents/PAC_national_standard.pdf