Victorian Mental Health Reform Council

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Dear Justice Cummins, Prof Scott, Mr Scales

Brief Submission to the *Protecting Victoria's Vulnerable Children Inquiry*

I write to make this submission as Chair of the Victorian Mental Health Reform Council. The timeframe for submissions has not allowed me to process it through the Council's usual considerations and so it represents, at present, the views of myself, the Chair. If the Inquiry wanted to explore any of the issues raised further with the Council, I would suggest that this would be better taken up in a dialogue with 2 or 3 Council members or I would seek to have Council as a whole address any concerns more formally before replying.

I do not think, however, that there would be significant differences of view about the issues that I have identified here as most important in reforming the mental health service system to address better the specific needs of Victoria's vulnerable young people and children.

The Council:

Under the 10-year mental health reform strategy, *Because Mental Health Matters*[1] published by the government in 2009, the Victorian Mental Health Reform Council was established to:

- "Advise on short and longer term priorities within the Strategy, and any necessary shifts of focus as implementation progresses;
- Oversee the development of outcome indicators, monitoring and reporting processes for mental health reform;
- Identify opportunities for new or enhanced partnership within and between sectors, and clarify roles and responsibilities where necessary;
- Advise on key capacity building requirements to enable reform;
- Make linkages with other key advisory and decision making bodies relevant to Strategy objectives;
- Oversee and assist in communication of and advocacy for key reform messages and activities;
- Report regularly to the Minister for Mental Health on issues in progressing implementation of the Strategy. "

The Reform Strategy's "Core Elements of Reform" are

Prevention – Recognising the potential to prevent or delay the emergence of certain mental health problems and to prevent a range of negative outcomes associated with poor mental health, including physical health problems. Actively promoting positive mental health through community settings is a core part of effective prevention efforts.

Early intervention – Responding early in life, early in the course of a mental health problem, and early in an episode of illness, reduces the risk of escalation, has a positive impact on the pattern of illness, and minimises the harmful impact on individuals, their families and carers, and the wider community.

[1] A full copy of the reform strategy is available at http://www.health.vic.gov.au/mentalhealth/reformstrategy/documents/mhs_web.pdf

Recovery – Promoting access to client-centred treatment and ongoing support that aims to achieve real change and the best possible individual outcomes. Recovery-focused care should foster independence and the capacity of affected individuals to achieve their personal goals and lead meaningful and productive lives.

Social inclusion – Destigmatising mental illness and promoting the fullest possible participation of people with mental health problems, their families and carers in the community, and recognising the impact of multiple types of disadvantage. Social inclusion is also a critical element in preventing mental health problems in the population at large and in those identified as at risk.

It is fairly apparent that the special circumstances and needs of abused and at-risk children and young people in our community would require specific attention if this vision was to be achieved and the Strategy itself recognises that Victoria will be faced with a number of challenges if it is to give effect to this change agenda, one of which is identified as:

A Greater Focus on Children and Young People

The Strategy starts from the premise that:

"We need responses to children and young people that

- prevent mental health problems,
- intervene early where problems are emerging and
- provide effective treatment when required,

in order to reduce the chances of long-term psychiatric disability.

We also need to respond to evidence about the importance to mental wellbeing in children and young people of fostering resilience, good parenting and supportive communities."

8 Targetted Reform Areas are prioritised in the Strategy where clear goals are set for system change. The second of these is

"**Reform Area 2: Early in life – helping children, adolescents and young people (0–25 years) and their families**

With 75 per cent of mental health problems emerging before the age of 25, increased support to children and young people with emerging or more fully developed mental health problems is a high priority for reform. This will involve redevelopment and expansion of child and youth mental health services that work in partnership with a range of universal services, and are welcoming and family focused.

Goal 2.1 Strengthen early identification and intervention through universal services, including early childhood services, primary health care and educational settings

Goal 2.2 Provide earlier and age-appropriate treatment and care for children, adolescents and young adults with emerging or existing mental health problems and their families

Goal 2.3 ***Deliver targeted mental health support for particular groups of highly vulnerable young people***

Goal 2.4 Build stronger, more resilient families where there is risk related to mental health and drug and alcohol problems

The Strategy goes on to highlight a potential area for action:

"Provision of tailored, flexible services to highly vulnerable young people who have experienced significant abuse and trauma – especially those involved with youth justice, child protection and youth homelessness services."

Recent Council Initiatives:

Consistent with its terms of reference, the Victorian Mental Health Reform Council at its last 2 meetings has moved to address what it has identified as less than adequate progress in this reform area.

Council considers that there is a significant question of equity involved here: 15 or more years ago, Victoria recognised the need for a specialist mental health agency to help the Courts and the justice system respond adequately to the needs and demands the increasing number of adults with mental ill health and established *Forensicare* (the Victorian Institute of Forensic Mental Health) to lead developments in the area and to provide high quality care for these people.

While that service has progressed to be an international leader in their field, their remit was never extended to children, younger people and their families, nor was an equivalent centre of excellence developed.

Instead, juvenile justice mental health services have remained especially constrained for resources and, although a fairly recent ministerial directive required Children and Adolescents Mental Health Services (CAMHS) to give priority to children and young people engaged with Protective Services and some pilot projects for re-configuring generalist services have begun, reform of the scope envisaged by the strategy for particularly vulnerable young people and children has not.

This is a highly dysfunctional pattern of resource allocation. It has been long established that the survivors of childhood abuse and neglect are at heightened risk of subsequent mental health problems and are massively over- represented in later involvement with the juvenile justice and adult criminal justice systems

A Council working group to explore system changes that might be needed to further the reform agenda has met several times and Council has resolved to convene a "caucus" of senior policy makers and service providers on Friday, 5 August 2011. Council would welcome any request from the Inquiry or its officers to participate in or contribute to that caucus. Moreover, if there were any specific

matters that the Inquiry would like the caucus to address, we would be very willing to do this.

Sincerely,

Assoc Prof Terry Laidler BA(Hons) LLB

Chair

Victorian Mental Health Reform Council

29 March 2011