Submission in response to the Productivity Commission Draft Report on Mental Health

About The Bouverie Centre, La Trobe University

The Bouverie Centre is a newly integrated practice research centre within the School of Psychology and Public Health at La Trobe University. The centre provides various services relevant to mental health. These include: family therapy to families where a member experiences mental illness; post graduate training in family therapy (includes mental health professionals) and workforce development in relation to the engagement of families in mental health care. The centre also has a growing research capacity directed towards the development and trialling of practice models relevant to mental health care and their implementation. As a service established over 50 years ago and with a funded role as a statewide specialist service within Victoria's Mental Health system, The Bouverie Centre is well placed to comment on the findings and recommendations of the Draft Report.

General Comments

Overall, while we acknowledge the useful commentary and recommendations made in relation to families, we recommend greater attention to challenges for families and carers where a loved one is living with mental health issues. This reflects the centrality of relationships to the promotion of well-being, the role of families in pathways to care for emerging conditions and the strength of evidence for the value of family-based interventions for both the person experiencing mental health difficulties (Pharoah, Mari, Rathbone, & Wong, 2010) and family members who are vulnerable to developing their own mental health problems (Hayes, Hawthorne, Farhall, O'Hanlon, & Harvey, 2015). We would recommend a new section in the report devoted to this topic, and ensure attention is paid to vulnerable populations such as children and young people who have caring responsibilities for a parent who has a mental illness and older carers.

PART II Reorienting health services to consumers

We agree with the focus on stepped care to deliver responsive services and to ensure resources are allocated efficiently to meet varying levels of need. We suggest that in relation to psychological and psycho-social interventions for people with mental health difficulties and their families, Single Session Therapy and related models such as Single Session Family Consultation, provide a useful practice framework within a stepped care context. Practitioners utilising these approaches can 'make the most of the moment' to respond to needs that can be addressed within sessions and facilitate referral where additional service involvement may be indicated. This practice framework promoted by the Bouverie Centre has been adopted within Child and Adolescent Mental Health Services in Victoria (Alfred Hospital, Royal Children's Hospital and Tasmania. See for example, Perkins (2006); Perkins and Scarlett (2008) and in headspace centres (Poon, Harvey, Fuzzard, & O'Hanlon, 2017).

PART III Reorienting surrounding services to people

Families who are living with mental health challenges and who do not meet the criteria for entry to publicly funded clinical mental health services are especially vulnerable, particularly those with very young children. **Draft recommendation 13.3** *in the medium term* goes some way to addressing access to support, however there needs to be improved access to and support for these families in the 'missing middle.'

The Bouverie Centre as the Co-ordinating body for the FaPMI (Families where a Parent has a mental Illness) Program funded by the Victorian government, we strongly support the **Draft recommendation 13.3 'To improve outcomes for children of parents with mental illness, the National Mental Health Commission should commission a trial and evaluation of the efficacy of employing dedicated staff to facilitate family-focused practice in State and Territory Government mental health services.'** The FaPMI initiative has been in place since 2007 and statewide since 2016. Much has been learned from this program and this should be utilised in the recommended trial which is similar to the FaPMI model operating in Victoria.

This is a population that remains vulnerable and children in these families are at greater risk of developing their own mental health problems. A future trial could place greater emphasis on early intervention and prevention by early identification of clients who are parents accessing public mental health services. This provides another avenue for early identification of vulnerable children and families and the opportunity to provide early, timely and coordinated support and intervention for children and young people.

Any trial and evaluation of a similar program to the FaPMI program should include recurrent additional resources to enable direct practice with these families to complement the capacity building activity undertaken within the role.

In relation to **Draft Recommendation 13.3**, we support the recommendation to amend the MBS 'so that psychologists and other allied health professionals are subsidised: – to provide family and couple therapy… '. We also support providing access to a limited number for consultations for carers and family members without the care recipient present. This provides access to much needed support for families in circumstances where the care recipient may not be agreeable to family participation in sessions.

We would further suggest that consideration might be given to increased time allocation to 90 minutes for sessions with commensurate reimbursement. This would enhance the attractiveness of providing such sessions given that family sessions may be difficult to contain within the time allocation for an individual appointment and the extra time usually needed to organise family sessions.

Our experience suggests that many private practitioners are reluctant to see families because of the limitations of their professional training which provides limited guidance about the inclusion of families in mental health care. This provides a further rationale for promoting the use of relatively straightforward practice models such as Single Session Family Consultation described earlier. Training in models for working with families should feature more prominently in undergraduate training for psychologists, nurses and in training of psychiatrists. It is also important that such training is available for the existing workforce of private practitioners.

We noticed reference in the Draft Report (Vol. 1) that…'as family relationships are an important determinant of health for Aboriginal and Torres Strait Islander people (QMHC, sub. 228), family-based interventions may be particularly important for their social and emotional wellbeing.'(Section 28). The report also noted that The Bouverie Centre has developed a family therapy service tailored to the needs of Aboriginal families in Victoria, called 'Workin' with the Mob.' In addition to this program we would also like to bring to the commission's attention the Postgraduate Certificate in Family Therapy for Aboriginal and/or Torres Strait Islander Workers. This course has operated over several years with high retention rates but lacks the recurrent funding important to its further development and dissemination. https://www.bouverie.org.au/the-indigenous-program/post-graduate-certificate-in-family-therapy-for-aboriginal-and-torres-strai/

PART IV Early intervention and prevention

In relation to Draft Recommendation 17.2 — social and emotional development in preschool children, we believe there should greater capacity for all adult focused services to recognise and respond to parents and their families who present with vulnerabilities. The Child Aware Initiative funded by the Commonwealth government resulted in several promising initiatives and practice frameworks aimed at improving outcomes for children and vulnerable adults. The Child Aware framework and early intervention approach is suitable for children 0-18 year and their families.

In relation to **Draft Recommendation 21.3 Approach to suicide prevention,** we recommend that future trials of suicide prevention approaches use of a family-based intervention model or include a family-based component. This is consistent with recommendations in relation to suicide prevention in the Victorian 'Chief Psychiatrist's investigation of inpatient deaths 2008–2010', https://www2.health.vic.gov.au/Api/downloadmedia/%7B44B56343-E8FF-450B-A8A1-4E0D126C3B7C%7D and in the National Mental Health Commission's 'Review into the Suicide and Self Harm Prevention Services Available to current and former serving ADF members and their families.(2017)'
https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf

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