



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Select Committee on Child Protection Terms of Reference



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT appreciates the opportunity to provide a submission to the Select Committee on Child Protection with the following Terms of Reference:-

“To inquire into and report upon the adequacy of Tasmania’s child protection systems, including:-

- (a) early identification, intervention and prevention strategies currently in place within all relevant agencies including the Department of Health and Human Services, the Office of the Commissioner for Children, Department of Education, Department of Justice, Tasmania Police, and the community sector;
- (b) mechanisms currently in place, and where improvements can be made to enhance the integration between all relevant agencies to ensure that the welfare of any identified child at risk is paramount and that agencies all work together to provide best practice care and service delivery;
- (c) review the Children, Young Persons and Their Families Act 1997;
- (d) other long term contributors to child abuse and neglect, such as poverty, drug and alcohol misuse and mental health issues;
- (e) the appropriateness, and need for, any further inquiry including but not limited to a Commission of Inquiry as established under the Commissions of Inquiry Act 1995; and
- (f) other matters incidental thereto.”

The MHCT would like to address reference point (d) in the above Terms of Reference, with emphasis on “mental health issues.”

Research indicates that when children experience abuse and/or neglect it can lead to prolonged mental health issues. A study by the National Research Council during 2009 found child maltreatment often resulted in delayed physical growth; neurological damage; and mental, emotional and psychological problems, such as depression, substance abuse, eating disorders, violent behaviour, and posttraumatic stress disorder – all which may impede development to adulthood.¹

¹ National Research Council and the Institute of Medicine, 2009, *Preventing mental, emotional and behavioural disorders among young people: Progress and possibilities*. Washington, DC: National Research Council and the Institute of Medicine of the National Academies.

Similarly, Kendall-Tackett and Giacomoni 2003 found that children experiencing maltreatment struggle with mental health problems, risk taking behaviour, social disadvantage, and physical health problems.²

A study conducted by the Victorian Institute of Forensic Mental Health during 2004 found that childhood mental disorders were the second most frequently recorded diagnostic category on the Victorian Psychiatric Case Register for both males and females in child sexual abuse cohort. Anxiety disorders and acute stress reactions were the most frequently recorded diagnostic category among victims of child sexual abuse.³

The MHCT would like to draw the Committee's attention to the Fourth National Mental Health Plan 2009 – 2014⁴. In priority area two of the plan it focuses on prevention and early intervention. The proposed actions are:-

- Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations
- Provide education about mental health and suicide prevention to frontline workers in emergency, welfare and associated sectors
- Expand the level and range of support for families and carers of people with a mental illness and mental health problems, including children of parents with a mental illness
- Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma

These proposed actions must be considered and integrated into any policy and service development in relation to child protection.

The MHCT would also like to draw the Committee's attention to the Statewide and Mental Health Services, Department of Health and Human Services document "*Building the Foundations for Mental Health and Wellbeing*", 2009.⁵ This is a strategic framework and action plan in implementing promotion, prevention and early intervention. The framework outlines five priority areas; with priority three focusing on the investment in the early years and families. This priority addresses the foundation of 'building support for mental health and wellbeing in families', through strengthening family relationships, enhancing parenting skills and establishing strong parent/child attachment in the early years. The evidence is clear that investment as early as possible in the developmental cycle will have the most significant impact on mental health and well being.

The policy document outlines strategies which the MHCT would urge the Committee to consider. The first; to support the development of positive parenting skills. This would be achieved through providing a high level of support to parents of children at

² Kendall-Tackett, K., & Giacomoni, S. M. (Eds), 2003, *Treating the lifetime health effects of childhood victimization*. Kingston, NJ: Civic Research Institute.

³ Spartaro, J. & Mullen, P., 2004, Victorian Institute of Forensic Mental Health, Monash University, *Child Sexual Abuse & Childhood Mental Disorders*, British Journal of Psychiatry, 184: pp416-421

⁴ Commonwealth of Australia, *Fourth National Mental Health Plan 2009-2014*

⁵ http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

risk, particularly parents identified through child protection agencies, corrective services, alcohol and other drug agencies, and parents with a mental illness.

The second; to investigate opportunities for mental health promotion in early childhood settings. This would be achieved through bringing together key stakeholders from the childcare and early childhood education sectors to identify priorities and develop an action plan for improving children's mental health and well being in these settings.

The MHCT would like to draw the Committee's attention to the ten year plan released in Vancouver, British Columbia on 1 November 2010 to address mental health and substance abuse with a focus on prevention of problems, early intervention, treatment and sustainability. *Healthy Minds, Healthy People*⁶ places a strong emphasis on children and families, based on research that shows that early engagement and access to targeted supports can prevent or reduce mental illness and substance use problems later in life.

In conclusion the MHCT would encourage the Committee to look closely at the proposed actions of the Fourth National Mental Health Plan; "*Building the Foundations for Mental Health and Wellbeing*" document; research; and the *Healthy Minds, Healthy People* ten year plan when making recommendations about the Tasmanian child protection system. These resources can be found on the links referred.

⁶ www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf.