frsa Family & Relationship Services Australia

Linking services, supporting relationships

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11 April 2014

Mr David Butt
Chief Executive Officer
National Mental Health Commission
PO Box R1463
Royal Exchange
SYDNEY NSW 2000

Dear Mr Butt,

RE: SUBMISSION TO NATIONAL REVIEW OF MENTAL HEALTH PROGRAMMES AND SERVICES 2014

Family & Relationship Services Australia (FRSA) welcomes the opportunity to inform the National Mental Health Commission's review of mental health programmes and services. FRSA has encouraged its member organisations to utilise the online submission process to detail individual organisation's experiences.

FRSA is a national peak body of over 170 not-for-profit organisations that provide essential and effective family and relationship support to families in every community across Australia. Member organisations receive a mix of federal, state and territory and local government funds to deliver a range of services including

- Accommodation & Housing Services
- Children's Services
- Children's Contact Services & Parenting Orders Program
- Community Services & Playgroups
- Communities for Children
- Disability & Mental Health Services
- Family Relationship Counselling
- Family Support Services
- Family Violence Services
- Mediation, Family Dispute Resolution & Family Therapy
- Men & Family Services
- Youth Services

The purpose of this letter is to outline the observations made by the family support sector, drawing on our member's experience. FRSA also refers the Commission to the paper entitled *'Family Relationships and mental illness: impacts and service responses'*[i] which summarises the research in this area.

Very few member organisations receive direct funding to provide professional mental health services. However, for the majority of organisations providing family relationship assistance, clients commonly present with mental health issues.

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The relationship between stressful life events, longer term disadvantage and mental health status is well-documented. Stressful life events including violence, family breakdown, redundancy, financial crises, homelessness, incarceration or parental substance abuse have a variable impact on family and individual wellbeing, depending on the duration of the issue and capacity of family members to react in adaptive ways. Some serious life events, such as family separation, may have a substantial impact on personal wellbeing for two years or longer. [ii]

Research also indicates that children of parents with mental illness may be affected directly, in terms of core needs such as love and nurturing, or indirectly, through impacts on their social and emotional health and wellbeing.[iii] Additionally, relationship satisfaction is significantly related to a person's own mental health, as well as the mental health of their partner. In general, the greater the levels of depression or anxiety within relationships, the lower the satisfaction (with the relationship).[iv]

The following observations have been made by member organisations:

- Although not working directly in the mental health sector, mental health issues have an impact on people seeking to make changes to their lives; homelessness, out-of-home- care, prison reintegration and family services. While the need for service provision in the acute cases is fully supported, early intervention needs to be prioritised. Mental health assessment and response are not the core business of family support services. However, the nature of the client group presents a public health opportunity for mental illness prevention and early intervention.

- Early intervention benefits the client (for instance, by preventing clients from progressing to the acute stage) and, in turn, is cost-effective in the longer term.

- The earlier the intervention (for instance, before birth for vulnerable, high risk groups), the greater the likelihood of preventing clients from progressing to the acute stage.

- Collaborative practice is essential – mental health services often do not have the resources to support family members as well as the client. Partnerships between mental health and family support services enable families, friends and significant others to support the person with the mental illness. Providing services only for the 'person with the problem' will never achieve the outcomes for recovery (Relationships Australia ACT and headspace). Another example includes the Family Court of Australia's Integrated Client Service Delivery program through which agreements have been entered into between individual registries of the Court and local service providers, including mental health services.

- There needs to be a greater emphasis on addressing the needs of children (child-centred approach) and determining how best to bring the two parts of the service system (adult focussed services and child and family services) together. This would

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assist with ensuring that the needs of children and families are considered when mental health services are being provided to individuals. Some work on this issue has commenced through the Communities for Children program.

- *'The Good Practice Guide to Child Aware Approaches'* will be available on the AIFS Child Family Community Website by June 2014. It will provide a range of principles for the application of child aware practices, suitable for early intervention services and applicable across a range of service needs.

FRSA considers that there is a lack of outcome data that measures mental health, wellbeing and self-care. FRSA is currently working with the Department of Social Services to ensure that this is accurately measured and captured by the family support sector. Likewise, there is a dearth of cost-benefit analyses of early intervention services (such as those provided by the family support sector) and how these services impact on mental health clients and the mental health service sector. FRSA calls for, and strongly supports, further research in this area.

Screening, assessment and referral tools are also essential. As outlined in the paper *'Family Relationships and mental illness: impacts and service responses'*, mental health issues of a less serious nature may be appropriately managed within the context of family or couple relationship counselling or therapy, depending on the skills and knowledge related to mental health problems that the professional possesses. However, serious mental illness and substance use or dual diagnoses are likely to require referral to specialist care before family or relationship issues can be addressed.[v] Tools developed to assist with accurate identification and assessment of client needs are critical to making these professional 'judgement calls'.

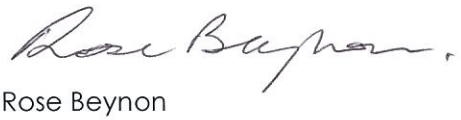
Finally, organisations funded under the Family Support Program are required to comply with service standards on accessibility (standard 10) and client safety (standard 13). Services must ensure accessibility to any people who face a real or perceived barrier to receiving assistance. Services are also committed to the safety of people who seek their assistance and must immediately report current threat or actual harm. Immediate assessment and action regarding other situations of danger and physical harm involving clients, such as suicide threats or threats of serious self-harm must also be implemented. These service standards translate to family support services being an integral part of the service response to mental health clients and their families.

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FRSA supports this review and thanks the Commission for the opportunity to add our views. For more information on any of the matters described above, please feel free to contact me.

Yours sincerely



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[i] Robinson E., Rodgers, B., and Butterworth, P., Family relationships and mental illness: Impacts and service response, *AFRC Issues No. 4, 2008*. Accessed on 11/4/2014 at http://www.aifs.gov.au/afrc/pubs/issues/issues4.html.

ii Section 2, AFRC Issues No.4, 2008, with reference to Hope, S., Rodgers, B., & Power, C. (1999). Marital status transitions and psychological distress: longitudinal evidence from a national population sample .*Psychological Medicine*, 29, 381-389.

[iii] Section 2, AFRC Issues No. 4, 2008, with reference to Burke, L. (2003). The impact of maternal depression on familial relationships. *International Review of Psychiatry, 15, 243-255*.

[iv]Section 2, AFRC Issues No.4, 2008, with reference to Whisman, M. A., Uebelacker, L. A., & Weinstock, L. M. (2004). Psychopathology and marital satisfaction: The importance of evaluating both partners. *Journal of Consulting and Clinical Psychology*, 72(5), 830-838.

[v] Robinson E., Rodgers, B., and Butterworth, P., Family relationships and mental illness: Impacts and service response, *AFRC Issues No. 4, 2008*, Section 3.