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Providing Leadership, Linking Services, Supporting Relationships

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SUBMISSION

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FRSA SUBMISSION TO THE HOUSE SELECT COMMITTEE ON MENTAL HEALTH AND SUICIDE PREVENTION

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ABOUT FRSA

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families and communities they serve across Australia. FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

Our vision

The wellbeing of all children, families and communities in Australia is supported and protected.

About our members

FRSA has 165 members, with 135 members in a direct service delivery role,[1] running programs that sit within the scope of the Australian Government Department of Social Services' 'Families and Children (FaC) Activity'. The range of services provided includes:[2]

- Family and Relationship Services
- Children and Parenting Support Services
- Adult Specialist Support Services
- Family Law Services
- Family Mental Health Support Services.[3]

Under these Commonwealth programs, FRSA members provide services to approximately 580 000 Australians each year, and directly employ between 4 000 and 5 500 people across metropolitan, regional and remote Australia.

As well as the Commonwealth services listed above, many of our members deliver a broader range of social services from a mix of federal, state and local government funds, including but not limited to, mental health services, family and domestic violence services, drug and alcohol services, child protection, elder abuse services, financial counselling, youth, homelessness, aged care and disability services.

[1] FRSA's full members deliver family and relationship services. FRSA's associate, individual and honorary members hold policy, research and professional expertise in family law, family and relationships services and related social services.

[2] See Appendix A for a description of Commonwealth-funded family and relationship services

[3] Family Mental Health Support Services program currently sits under the Department of Social Services (DSS) Community Mental Health Activity but has been flagged to move under DSS Families and Children's Activity.

INTRODUCTION

Our submission is informed by:

- The experience and wisdom of FRSA members, many of whom have been providing services to Australian children and families for over 60 years
- A consultation discussion with members that deliver the Commonwealth Mental Health Program: Family Mental Health Support Services (FMHSS)
- Members' input to FRSA submissions to past relevant public inquiries.

FRSA welcomes the opportunity to contribute to the House Select Committee's Inquiry into Mental Health and Suicide Prevention. In the wake of the COVID-19 pandemic and the toll that has taken on the mental wellbeing of many Australians,[4] we do note our concern, however, that implementation of important recommendations arising from the Productivity Commission's Inquiry into Mental Health may be delayed by this inquiry process.

Nonetheless, this Inquiry does provide an opportunity to further tease out linkages between the health, education and family and relationship services sectors and to look at ways to leverage those linkages to improve mental health outcomes for Australian children and families.

RESPONSE TO TERMS OF REFERENCE

FRSA's submission responds to the following terms of reference:

- *'the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system in light of events such as the 2019 bushfires and COVID-19 pandemic, including the capacity of the mental health workforce to respond to such events.'*
- *other matters not addressed by these recent reviews, including:*
    - *effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services.*

Prevention and early intervention

The family and relationship services sector has a strong focus on universal services that are geared towards prevention and early intervention. Our sector therefore understands the value of intervening early, and greatly welcomes the Productivity Commission's focus on prevention and early intervention — "both

[4] FRSA members have reported an increase in people presenting for family and relationship services with mental health issues over 2020. FRSA (forthcoming), *Survey: Impacts of the COVID-19 Pandemic on Service Demand*.

early in life and in the development of a condition" [5] — to prevent or delay onset of mental illness and reduce the harm that mental illness can cause.

Universal mental health screening, education and support, as proposed by the Productivity Commission – particularly for new parents and for children – provides an opportunity to reduce risks and build protective factors in vulnerable groups/individuals and to encourage and normalize help-seeking behaviours. This is consistent with a *public health approach* to mental well-being – that is, 'a coordinated service system response to move whole populations toward healthy norms and lower risk factors while offering targeted responses to those at higher risk'.[6]

In 2017, FRSA undertook Research in partnership with Deakin University Centre for Social and Early Emotional Development to explore the potential for a public health approach to eight priority health and social problems, including mental illness, domestic and family violence, substance abuse, obesity, developmental injury, chronic illness, school failure and social exclusion.

Many of these problems arise from common modifiable risk factors in families and child development. Poor child-parent attachment, childhood trauma, and sustained parental conflict, for example, present risks to child development and mental health and may lead to problems down the track such as mental illness, substance abuse, school failure and so on.

The report found that the family and relationship services sector already contributes to alleviating the eight health and social problems outlined above through the evidence-based programs it delivers to children, families and communities. The family and relationship services sector has a strong record of delivering programs that build parenting skills, support positive child development through play-based activity, counselling and other therapeutic supports – particularly with high-risk families.

FRSA members screen for risks at the point of entry to a service through their intake and assessment processes to ensure that the right support is provided to the person or family and, where necessary, that person or family is connected to external supports such as housing support, family and domestic violence services or mental health services.

Family and relationship services help build supportive relationships and increase protective factors for children and families at risk of health and social problems, including mental health issues.

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[5] Productivity Commission (2020), *Mental Health, Inquiry Report*, No. 95, p. 7.

[6] Hayes, S. L., Mann, M. K., Morgan, F. M., Kelly, M. J., & Weightman, A. L. (2012). Collaboration between local health and local government agencies for health improvement. Cochrane Database of Systematic Reviews 2012, Issue 10.

Case Study - drummond street services: Whole-of-family intake tool and centralised intake

With a focus on the social determinants of health, we designed a whole-of-family risk screening tool for use within a centralised intake system for every client who presented to us for support. The tool was based on evidence-based assessment and screening instruments and incorporated comprehensive, bio-psycho-social information:

- Client demographic data such as family type, culture, socioeconomic status, relationship status, family life cycle transition, carer status
- Primary and mental health and wellbeing and risk alerts
- Trauma and abuse histories i.e. family and intimate partner violence
- Addictive behaviours, substance misuse and gambling
- Child wellbeing or concerns
- Parenting issues
- Financial and housing issues
- Social supports and connections to resources
- Presenting issues and expectations/goals
- Family relationship and other health and wellbeing indicators.

Through our centralised intake service, now a visible and accessible entry point, all clients are screened through a standardised process and against established risk and protective factors. This enables early identification, program matching and a focused targeting of issues before they become more serious or entrenched.

Case study: whole-of-family interventions - Belum Family*

The Belum family were referred to drummond street by their local school wellbeing officer who reported that both children (Cal 9 yrs. and Anna 11yrs.) appeared sad and withdrawn and their interest in school had waned. Cal was prone to outbursts of rage and bullied other students, whilst Anna frequently cried in class.

The children lived with their mother Johanna (45 yrs.) and her partner (stepfather) of seven years Stephen (52 yrs.). Although the initial referral did not include any details about the children's father, Joe, drummond street was able to connect with Joe and involve him in our whole-of-family practice, subject to safety and risk assessments that supported his inclusion in to support. Joe subsequently talked at length during his first session about his mental health concerns, compounded by difficulties in finding full-time, permanent work, and feeling inadequate as he was unable to financially support his children. Based on a whole-of-family assessment, each family member was offered a mix of individual and group supportive interventions over many months including:

- Parenting information and strategies to support the children's emotional and developmental needs.
- Whole-of-Family counselling and parent coaching to strengthen family/relationship dynamics
- Relationships work to improve communication and reduce conflicts, focusing on positive co-parenting and step-parenting.
- Active facilitation of mental health treatment for the father's depression, improving self-esteem, and addressing issues impacting on his ability to positively parent.
- All parents attended a parenting group to build their skills and confidence and connect with other parents
- Individual Child mental health support to assist Cal and his parents with emotional and behavioural strategies.

Over eight months, all family members participated in individual and group sessions focused on child mental health information and support strategies, modelling of positive communication and parenting through individual and family goal setting. Throughout the delivery of support to all family members, the work done by several practitioners and programs was visible and co-ordinated both in practices and processes.

** Real names are not used*

Source: FRSA (2019), *An audit of intake screening and assessment tools used in the family and relationship services sector*, p 20.

As noted in the Productivity Commission's report, the intergenerational effects of mental illness are well established, with children whose parents have experienced trauma and/or mental illness, at increased risk of developing mental ill health.[7] Therefore, screening for mental health and other risks of new parents and providing parenting support and education to help parents build protective factors such as social and emotional competencies, positive role modelling and building warm attachment between parent and child, may be key to minimizing stress, building resilience (in both children and parents) and preventing or delaying the onset of mental illness.

The family and relationship services sector is well-placed to play an enhanced prevention and early intervention role. The sector's strengths include:

- Well-developed expertise and resources for working with a range of families,
- National coverage and extensive community links,
- Developing expertise in the delivery and evaluation of evidence-based family programs and evidence-informed practices,
- A national service footprint,
- Engagement with families across key transitions in the family life course, and
- Non-stigmatised services relative to tertiary services (such as child protection, corrections and mental health).[8]

We see great value in harnessing the family and relationship services sector's existing capacity to increase the delivery of prevention and early intervention services through improved coordination and integration with the health and education sectors.

Some of the Productivity Commission's recommendations and actions provide vehicles through which better coordination and linkages with other sectors can be facilitated. For example, the Commission has proposed that Government update "the National School Reform Agreement to include student wellbeing as an outcome for the education system" (Action 5.3). We see opportunity in this educational reform to provide a frame of reference to articulate coordinated activities across health, education and family and relationship services.

[7] Productivity Commission (2020), *Mental Health, Inquiry Report*, No. 95, p. 885.

[8] Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future.* Deakin University and FRSA, pp 18-19.

Recommendation 1

FRSA **recommends** that Government facilitates greater coordination between the health, education and family and relationship services sectors to provide prevention and early intervention supports that contribute to mental well-being outcomes for Australian children, adults and families.

Family Mental Health Support Services (FMHSS)

We take this opportunity to draw the Committee's attention to the Commonwealth mental health program, Family Mental Health Support Services (FMHSS), which is administered by the Department of Social Services and delivered by community providers, including FRSA members.

FMHSS provides early intervention support to children and young people (to age 18) at risk of developing, or showing early signs of, mental illness. The program is delivered in 110 sites across Australia. Providers work with children and young people with the support of their families and carers and provide a flexible range of non-clinical mental health support services tailored to the needs of each child, young person and family.

The focus on child mental health means working with families in a different way, often through a safe third party such as a school. FMHSS combines education and case management, requiring expertise across case management, counselling, community engagement, school engagement and early intervention mental health.

Providers delivering FMHSS note the following benefits of the program:

- It is a non-stigmatising universal service
- Hard to reach families can be engaged through educative community outreach work
- the program is flexible enabling providers to work with client complexity
- the program tends to pick up complex cases that drop off the radar of other Commonwealth and state/territory mental health programs, which may not have capacity to provide mental health support within a family therapy model.

FRSA members delivering FMHSS have explained that their relationships with schools relies on the willingness of individual schools – and of leaders within those schools – to work alongside the service provider. There is frustration that some children are missing out on support because schools will not facilitate access between those school students and FMHSS services.

Recommendation 2

Following recommendation 1 above,

FRSA **recommends** that Government facilitates greater coordination between the education sector and Family and Mental Health Support Services (FMHSS) through implementation of Action 5.3: "the National School Reform Agreement to include student wellbeing as an outcome for the education system" and supports initiatives that may help broker on-the-ground working relationships between schools and FMHSS providers.

FMHSS providers have explained that demand for this program extends beyond their current geographical footprint. While, as noted above, the program is delivered across 110 sites in Australia, there are still a number of areas unserviced. While FMHSS providers can currently commit 10% of their budget to out of area clients, it is not always viable due to time/travel costs.

Recommendation 3

FRSA **recommends** that Government invest in expanding the Family and Mental Health Support Services (FMHSS) program to ensure it has a broader (universal) reach to children and families across Australia.

The National Mental Health Workforce Strategy

The Department of Health's development of a National Mental Health Workforce Strategy is an integral component of improving mental health support across Australia.

While commending this important piece of work, we note that the workforce issues impacting the mental health sector extend beyond the parameters of the health system. The family and relationship services sector is comprised of a range of professionals including psychologists, counsellors, social workers, psycho-social therapists, educators, mediators, dispute resolution practitioners, experts in family law, support staff and managers. Therefore, many family and relationship services sector workers share common skills, training, knowledge and qualifications with workers in the mental health sector, along with other areas of community services, such as drug and alcohol services and disability services.

We have proposed elsewhere[9] that Government investment in workforce development in areas projected to grow is vital to the recovery of the economy following COVID-19, as well as to meeting changing needs of the Australian community. Prior to COVID-19, Health Care and Social Assistance was projected

[9] FRSA (29 January 2021), *Pre-Budget Submission 2021-22*, pp 7-8.

to make the largest contribution to employment growth to 2024.[10] The need for health care and social assistance will be even greater as a result of the pandemic, and commensurate support for workforce development in this area is required. It is essential that strategies and actions that maximise opportunities for attracting and retaining a skilled workforce are put in place.

FRSA members have noted that recruitment in rural and remote areas is particularly challenging but even in metro areas there is competition for experienced and qualified therapists/workers across family and relationships services, NDIS, education and health.

This suggests, unsurprisingly, that as demand for appropriately skilled professionals such as psychologists grows, so too do wages. With relatively static funding and increased costs,[11] it is extraordinarily difficult for our not-for-profit members to attract suitably qualified professionals when government and private sector can afford to pay those professionals higher wages.

Within this context, we consider it vital that Government invests in workforce development more broadly in areas with projected employment growth, with a specific focus on those sectors who may be forced into recruitment competition while ideally in practice contributing to shared public health outcomes.

Recommendation 4

FRSA **recommends** that Government invests in a workforce development strategy for the family and relationship services sector (and health and social service more broadly), that takes account of, and is complementary to, the National Mental Health Workforce Strategy.

CONCLUSION

FRSA would welcome the opportunity to discuss any of the matters raised in our submission with the Committee.

[10] Australian Government Labour Market Information Portal, *2019 Employment Projections – for the five years to May 2024.*

[11] An independent economic analysis commissioned by FRSA in 2019 and undertaken by the Centre for International Economics (CIE), found that while funding has remained relatively static, the costs of delivering services has increased over 2011-12 to 2018-19 (the eight-year period under analysis). CIE (20 March 2020), *Final Report: Expiry of the Social and Community Services Pay Equity Special Account – Implications for family and relationship services.*

APPENDIX A – Families and Children Programs & Services

The Families and Children (FaC) Activity is delivered under the Families and Communities Program and provides support to families to improve the wellbeing of children and young people to enhance family and community functioning, as well as increasing the participation of vulnerable people in community life. Below are five sub-activities run by the FRSA network:

1. Family Law Services

Family Law Services aim to provide alternatives to formal legal processes for families who are separated, separating or in dispute, to improve their relationships and make arrangements in the best interests of their children. Family Law Services has a particular role to help families with complex needs, including those with family violence issues.

Family Law Services include:

- **Family Relationship Centres (FRC)**
  FRCs are a highly visible entry point or gateway to the whole family support service system. FRCs play an important role in improving family relationships by providing information, support and referral services to all families, as well as family dispute resolution and access to some legal assistance for separating or separated families.

- **Parenting Orders Program - Post Separation Co-operative Parenting Services**
  This service help separated or divorced families who are in high conflict to work out parenting arrangements in a way that encourages consideration of what is in a child's best interests in establishing or maintaining relationships, while at the same time ensuring the safety of all parties. It helps parents manage their conflict, understand the effect their conflict is having on their children and to develop strategies to deal more constructively with each other and develop and manage parenting arrangements.

- **Supporting Children after Separation Program**
  This program aims to support the wellbeing of children under the age of 18 from separated or separating families who are experiencing issues with difficult family relationships.

  The services help children and young people deal with issues arising from the breakdown of their parents' relationship and the circumstances in which they find themselves and provide opportunities for them to participate in decisions that impact on them.

- **Children's Contact Services**
  Children's Contact Services enable children of separated parents to have safe contact with the parent who they do not live with in circumstances where parents are unable to manage their own contact arrangements.

Children's Contact Services provide a safe, neutral venue for the transfer of children between separated parents. Where there is a perceived or actual risk to the child, they provide supervised contact between a child and their parent or other family member. Parents may be ordered by a court to attend Children's Contact Services to facilitate changeover or have supervised visits with their children.

- **Family Dispute Resolution (FDR)**
  FDR services assist families to reach agreement and to resolve their disputes related to family law issues about child and property related matters, outside of the court system.

- **Regional Family Dispute Resolution**
  Regional Family Dispute Resolution services assist families to reach agreement and to resolve their disputes related to family law issues, in particular child and property related matters, outside of the court system. Regional Family Dispute Resolution services may also include the provision of counselling and group work as part of meeting the needs of separated families in their community.

- **Family Law Counselling**
  Family Law Counselling services help people with relationship difficulties better manage their personal or interpersonal issues to do with children and family during marriage, separation and divorce.

- **Family Relationship Advice Line (the Advice Line)**
  The Advice Line is a national telephone service to assist families affected by relationship or separation issues. The Advice Line provides:
    - information about services to help maintain healthy relationships;
    - advice on family separation issues;
    - guidance on developing workable parenting arrangements after family separation;
    - advice about the impact of conflict on children;
    - telephone and online family dispute resolution for people who need assistance;
    - information about the family law system;
    - simple legal advice and information for separating families with children, and
    - referral to a range of other services to help with family relationship and separation issues.

2. Family and Relationship Services (FaRS)

Family and Relationship Services aim to strengthen family relationships, prevent breakdown and ensure the wellbeing and safety of children through broad-based counselling and education. These early intervention and prevention services aim to support families when going through critical family transition points including formation, extension, and separation.

Services include information and referral, support, education and skills training, counselling, dispute resolution, outreach, community capacity building and development.

Family and Relationship Services include:

- **Specialised Family Violence Services (SFVS)**
  SFVS deliver specialised services that support individuals, couples, children and families who are experiencing or at risk of family or domestic violence.

  Services might include, individual or couple counselling and dispute resolution services; education for people with violent or abusive behaviour; support for people affected by family violence; and support for children who experience or witness family violence.

3. Communities for Children Facilitating Partner

Communities for Children Facilitating Partners (CfC FPs) supports children and families in disadvantaged communities across Australia. CfC FPs take an early intervention approach that supports families to improve the way they relate to each other; improve parenting skills; and to ensure the health and wellbeing of children.

CfC FPs build on local strengths to meet the needs of individual communities, and to create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families.

4. Children and Parenting

Children and Parenting funds early intervention and prevention services and resources to improve children's development and wellbeing, and support parents and carers in raising children. Services focus on children aged 0–12 years, but may include children up to 18 years.

Services aim to be accessible to everyone through strategies such as cultural awareness and diversity, and flexible opening hours and service locations. They work closely with clients to find solutions that suit their individual needs.

Children and Parenting comprises of:

- **Intensive Family Support Services (IFSS)**
  IFSS are evidence-informed and outcomes-based and focus on reducing child neglect and increasing the capacity of families to support their children to be safe, nurtured and thriving.

  These services provide the most vulnerable families in identified communities in the Northern Territory and South Australia with practical parenting education and support for up to 12 months, to help them improve the health, safety and wellbeing of their children.

- **Children and Parenting Support**
  Children and Parenting Support services provide early intervention and prevention support to children and their families. Services seek to identify issues such as risk of neglect or abuse, within families, and provide interventions or appropriate referral(s) before these issues escalate.

  Early intervention and prevention strategies aim to influence children's and families' behaviours to reduce the risks of an emerging issue. A key component of early intervention and prevention is to increase protective factors to enable children and families to be resilient when issues arise.

- **Home Interaction Program for Parents and Youngsters (HIPPY)**
  HIPPY is a two-year home-based parenting and early childhood program, targeted to families with 4 to 5-year-old children, that helps parents and carers to be their child's first teacher and give them a better start at school.

  HIPPY builds the skills of parents and carers to help prepare their child for school. The program also offers some parents and carers a path to work and local community leadership.

- **Child Support Advocacy**
  Child Support Advocacy funding is provided to community organisations that regularly assist separated or separating parents with support and information regarding their interaction with the Child Support Scheme.

5. Adult Specialist Support

Provides specialist services and support to improve outcomes and enhance wellbeing for people adversely affected by past institutional and child-welfare practices and policies.

Below are services that fall under Adult Specialist Support:

- **Find and Connect Support Services**
  The Find and Connect Support Services provide specialist trauma informed counselling; referral services; peer, education and social support programs; assistance to locate and access records and reconnect with family members (where possible) for Forgotten Australians and Former Child Migrants.

- **Royal Commission Community-Based Support Services**
  The Royal Commission Community-Based Support Services delivers services such as counselling, support and case management to individuals and their family members people before, during and after their interaction with the Royal Commission.

Source: Program Specific Guidance – Commonwealth Agencies in DEX – 31 July 2019