E01 Sub 11

Government of **Western Australia**
Department of **Health**
South Metropolitan Area Health Service

Dr Brian Gordon
Education and Health Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000

Dear Dr Gordon

Re: Inquiry into improving Educational Outcomes for Western Australians of all Ages

Thank you for the opportunity to present information to the Inquiry into Improving Educational Outcomes for Western Australians of all Ages. Peel and Rockingham Kwinana Mental Health Service (PaRK MHS) present the following to address the five questions and have attached appendices and provided other relevant references in support.

1. Current and future resourcing of new methods and activities to improve educational Outcomes such as e-learning and school partnerships.

PaRK MHS considers it imperative for all students to have access and availability to e-learning. We are however aware that low socioeconomic status and geographical area, are likely to hinder access to e-learning resources.

People and families with mental illness are among the most vulnerable in the population. These families are more likely to experience social isolation, financial hardship, marital discord, higher rates of poverty and its sequelae, poor employment opportunities, and substance abuse issues [1]. Financial factors pose a significant barrier to accessing a computer and internet connection at home.

PaRK MHS covers metropolitan, regional and rural communities. In this diverse population it is imperative that partnerships within mental health and other relevant community services are formed. Effective partnerships should incorporate, government and non government organisations, primary and secondary services. Examples include alcohol and drug agencies, Children of Parents with Mental Illness (COPMI), Division of General Practitioners, and Perinatal Mental Health services. The formation of these partnerships will assist to build capacity with local education providers and improve the educational outcomes and opportunities by addressing the aforementioned issues.

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2. Factors influencing positive or negative childhood development from birth to year 12

Children of Parents with Mental Illness

Previous research has indicated that children of parents with a mental illness are at greater risk of lower social, psychological and physical health than children of parents without mental illness [2]. A lack of 'normal' developmental experience and stress are also resulting in higher rates of mental health issues in young carers compared to children of parents without mental illness, 25-50% verses 10-20% [1].

Children of parents with mental illness are at increased risk of the following: relationship discord; discontinuity of care; poor general parenting skills; social isolation; poverty; and its sequelae; major depression; substance abuse; psychiatric treatment; poor academic performance; risk of poor employment opportunities; persistent emotional or behavioural disturbance; involvement with the law; personality disorders; feelings of social isolation; post traumatic stress and suicide [3].

Further research is needed to identify and further understand the parenting difficulties of parent(s) with mental illness and/or users of alcohol and other drugs and how this directly impacts on their child(ren)'s developmental outcomes. Further education is also required for professionals, parents, families and carers and the wider community for better understanding of the increased risks to children of a parent with a mental illness. We have a duty of care to develop research and prevention programs to highlight these complex issues.

Poor Attachment

Attachment theory claims that, an infant's first attachment experience shapes the child's cognitive and emotional development [4]. Mental illness of a parent has the potential to impact negatively on the attachment process and avoidant, anxious or insecure/disorganised attachment can occur [2].

Attachment theorists support that early trauma and disorganisation of attachment are related to later personality dysfunction and specifically to difficulties in interpersonal function.

3. Facilitating greater opportunities to engage all students in year 11 and 12

Prevalence of Mental Health disorders

The National Survey of Mental Health and Wellbeing, 2007, reported that younger age groups experience the highest rates of disorder. Of people aged 16-24 years, 26% meet the criteria for diagnosis and have experienced mental disorder symptoms in the pervious 12 months. In the same age group (16-24 years) the prevalence of substance use disorders were 13% [5].

Young People as Carers

In Australia, approximately 25% of children (1,082,402 children) live in a household with at least one parent with a mental illness. According to the Young Carer Project 2010 (Appendix A) these children and young people are more likely to experience poverty, isolation, fear of support services, separation anxiety, family disruption, marital conflict, disruption to education and school difficulties, lack of structure in the home, general developmental delay, negative unresolved emotions, increased child protection and illness-related issues.

In addition, children whose parents were diagnosed with a serious mental illness and/or users of alcohol and other drugs suffered a great deal of embarrassment, a sense of blame and a feeling of being different. It is the view of PaRK MHS that young carers should have access to supports allowing them the same opportunity to live happy and fulfilling lives as children of parents without mental illness.

PaRK MHS recommends:

- Review of existing services for young carers in Western Australia.
- Review what has been achieved for young carers in other Australian states and internationally.
- An informed strategic direction for young carers in Western Australia as outlined in the Young Carer Project 2010.

Refer to Appendix A – White A, Smith. W, (December 2010) Young Carer Project.

Early intervention

Lack of community screening, knowledge and awareness regarding mental health/alcohol and other drug issues, and ambiguous early symptoms and stigma of mental illness, contribute to the delay in appropriate engagement in services being offered and accepted. Early prevention and intervention is crucial.

In 75% of cases the onset mental health and substance use disorders occur before the age of 24. Access to appropriate intervention is required to prevent negative social, educational and vocational outcomes. PaRK MHS offers an, Early Episode Psychosis (EEP) service which provides an opportunity to engage and identify young at risk groups to reduce the highest risk and impact poorer outcomes.

Psychosis is a debilitating illness with far-reaching implications for individuals and their families. The onset of psychosis often occurs during a critical period in a young person's development (14 to 18 years of age). At present, it can take up to two years after the first signs of illness for an individual and their family to begin to receive treatment. International research has identified that substance use amongst young people first diagnosed with psychosis is double that of the general population. This is linked with deteriorations in functioning in multiple areas.

Aboriginal communities, migrants and refugees often do not share western beliefs about the phenomena that are labelled 'psychosis' and may hold alternative cultural and religious beliefs about the aetiology, course and treatment of the behaviours associated with psychosis. A higher percentage of people from these backgrounds are diagnosed with psychosis compared with non Aboriginal, and non-migrants in western countries.

Refer to Appendix B - The Western Australian Fetal Alcohol Spectrum Disorder (FASD) Prevention Aboriginal Consultation Forum 2010.

Stigma

Stigmatising attitudes towards people with mental illness and alcohol and other drug issues are common in adolescents and are of major concern to those with these conditions. Such attitudes may act as barriers to help-seeking, can interfere with treatment and adversely affect quality of life as they may cause a young person to feel abnormal, socially disconnected and dependent on others.

Alcohol and Other Drugs
Co-occurring mental health disorders and alcohol and other drug problems are common in both adult and adolescent populations. Substance use has been identified as one of the most common co-occurring disorders in young people experiencing early onset psychosis. Cannabis is the most commonly used illicit drug in the world, particularly among adolescents and is consistently associated with mental illness, in particular psychotic disorders. [6]

The Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008 outlines relevant information. .

4. Improving access and opportunities for adult learning in regional and remote WA.

Peel is classified as a regional area and this is often overlooked. There are significant difficulties for the young individuals in this area accessing educational opportunities because of the deficits in public transport.

Peel has not had the opportunity to receive Royalties for Regions funding which could help to address and improve the educational outcomes for children, adolescents, youths and their families in the Peel region.

5. Foetal Alcohol Syndrome prevalence, prevention, identification, funding and treatment to improve education, social and economic outcomes.

In the child, alcohol exposure in pregnancy can result in premature births, brain damage, birth defects, growth restriction, developmental delay and cognitive, social, emotional and behavioural deficits. As the child grows, the social and behavioural problems associated with alcohol exposure in pregnancy may become more apparent. Intellectual and behavioural characteristics in individuals exposed to alcohol in pregnancy include low IQ, inattention, impulsivity, aggression, problems with social interaction, poor educational outcomes, and alcohol and drug use. [Appendix C - Fetal Alcohol Spectrum Disorder Model of Care]

Prevalence of Fetal Alcohol Syndrome
There is a recognised lack of reliable, Australian specific, prevalence data regarding Fetal Alcohol Syndrome (FAS) [7,8,9]. Between 2001 and 2004 the Australian Paediatric Surveillance Unit estimated the birth prevalence of FAS to be 0.06 per 1000 live births in Australia. Western Australian data between 1980 and 1997 estimates the prevalence rate of FAS in Aboriginal infants to be 2.76 per 1000 births. It is expected that birth prevalence of FAS is under-reported due to a lack of knowledge and familiarity by health professionals. [8]

Prevention of Fetal Alcohol Syndrome
Alcohol is a teratogen which can affect the development of a foetus. Alcohol passes freely through the placenta and reaches concentrations in the foetus that are as high as those in the mother. The foetus has limited ability to metabolise alcohol. [7]

In Australia, research has shown varying rates of alcohol use by pregnant women. It is estimated that approximately 25 – 35% of Australian women consume alcohol while pregnant [8]. It is reported that less Australian Aboriginal women consume alcohol compared to non-Aboriginal women, but those Aboriginal women who do drink are more likely to consume at harmful levels. [8]

Raising awareness of options, to both health professionals and the public, is important in supporting women to access treatment and support. Public education and community action to support responses to alcohol related problems should include, alcohol and other drugs awareness in schools, family and community education, engaging community members as educators, and developing peer education support networks. This would include partnerships with the division of General Practitioners, maternity and newborn service providers, and alcohol and other drug service providers. Universal screening for alcohol use and offering referral options/pathways, resources and in service training is needed to achieve this.

Further education and awareness is required to address the needs of Aboriginal and other disadvantaged groups. Equitable access to services will need to be prioritised to maximise desirable outcomes, particularly in rural and remote areas.

Identification

Early diagnosis and subsequent intervention would improved outcomes for children with FAS. Appropriate interventions can prevent secondary disabilities such as disrupted school experience, unemployment, mental health problems, trouble with the law and inappropriate sexual behaviour.

Health professionals may not ask women about alcohol use during pregnancy because they lack knowledge about the consequences of alcohol consumption during pregnancy. They also may have concerns about a woman's response when asked about alcohol use and assume that it is not relevant to the woman. Health professionals also are under considerable time constraints and may not be aware of effective screening tools and the effectiveness of brief intervention. They may also be unaware of the appropriate referral pathways and services, which are not always available in certain areas. For example, rural and remote areas have limited access to pregnancy and parenting substance use programs.

Funding and treatment to Improve education, social and economic outcomes

FAS is a common, preventable, non-genetic cause of intellectual disability. Early diagnosis leading to appropriate environmental conditions which can decrease the risk of a secondary disability is critical.

As maternal consumption of alcohol during pregnancy is the cause of FAS, and there is no cure for a child with FAS, promotion and dissemination of current recommendations regarding alcohol use during pregnancy is vital. PaRK MHS support the recommendation, that no alcohol in pregnancy is the safest choice. [10]

Refer to Appendix C - Fetal Alcohol Spectrum Disorder Model of Care.

Recommendations
It would be appropriate for the Education and Health Standing Committee to investigate the current status of the recommendations made in a number of relevant publications supporting improvement in educational outcomes for Western Australians of all ages. Is the Education and Health Standing Committee aware of the existence of the following reports? Can the inquiry confirm the status of the recommendations within the following publications? Many of the reports stipulated below make recommendations which, if implemented, would improve the outcomes for children:

- The 33 recommendations made in the Department of Health, Western Australia. Fetal Alcohol Spectrum Disorder Model of Care. Perth: Health Networks Branch, Department of Health, Western Australia; 2010. (Appendix C)

- The 11 recommendations made by, The Young Carer Project prepared by the Western Australian Association for Mental Health and funded by the Government of Western Australia, Department for Communities – Office for Youth. (Appendix A)

- The 54 recommendations prepared in the 2011 report by the Commissioner for Children and Young People, Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia.

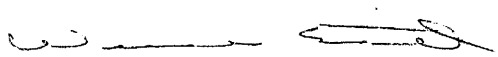
Conclusion
Prevention, early detection and appropriate intervention is integral to addressing all the questions outlined in the Education and Health Standing Committee, Inquiry Terms of Reference.

A systemic approach requires the formation of partnerships between health care and education providers, both government and non government, primary secondary and tertiary health and educational services. Continued and expanded provision of primary, secondary and tertiary health resources together with enhanced knowledge and competency for both health and education professionals is required to deliver evidence based screening, assessment and interventions.

The holistic, integrated approach is supportive of the 'Connected approaches', the second key reform direction, of the Mental Health Commission, Mental Health 2020: Making it personal and everybody's business publication [11].

Only with all these components can we hope to ultimately improve health and educational outcomes of our community.

Yours sincerely



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11. Mental Health Commission. Government of Western Australia, 2010. Mental Health 2020: Making it personal and everybody's business. Perth, Western Australia.

Appendix

A White A, Smith. W, (December 2010) Young Carer Project.

B The Western Australian Fetal Alcohol Spectrum Disorder (FASD) Prevention Aboriginal Consultation Forum 2010.

C Fetal Alcohol Spectrum Disorder Model of Care