Mental Health for the Young and their Families

MHYF Vic Newsletter No. 93 May 2025

This edition

IACAPAP Survey

Gender Diversity Workshop

CAMH 2025 Conference

Winston Rickard Oration 2025

Forum

Positions Vacant

News from "Emerging Minds"

URGENT

The International Association for Child and Adolescent Psychiatry and Allied Professions needs you to share your opinions about supporting all workers for the wellbeing of the young and their families (before 15th May).

Please take 10 minutes to share your ideas at the world level through this Survey Link:-
https://forms.cloud.microsoft/r/GnqYmECPpW

Thank you for making your contribution!"

Right click and select "Open hyperlink"

"Understanding Gender Diversity in the Young"

The MHYFVic Workshop was held on 29th March at the Royal Children's Hospital, Melbourne.

This long-anticipated Workshop (re-scheduled from last October) was attended by an in- person group of participants, who were privileged to interact with Presenters associated with the RCH Gender Clinic, very sensitively chaired by eminent Clinical Psychologist and Psychotherapist Dr Rob Gordon. Rob facilitated a secure space within which participants were encouraged to reflect upon many aspects of gender dysphoria and diversity among children, youth and their families. Most participants were professionals working with children or adolescents, many in the mental health field, with several family members of young people experiencing gender diversity also attending.

Associate Professor Campbell Paul, Child and Adolescent Psychiatrist, introduced the concept of support for young persons and their families dealing with uncertainty or diversity of gender self-identification, acknowledging that 2% of school students have been generally found to be questioning their assigned gender in Western countries. He drew upon long and deep experience in this area to outline the emergence of gender self-identity across the developmental span of childhood, puberty and adolescence, indicating how varied, variable and complex this developmental process can be

from individual to individual. He also traced the growth of Gender Clinic Services around the world, with origins in the USA. Campbell spoke of the impact of diversity of societal views in this matter and commented on national differences in responding to young people and families facing these challenges. The RCH Gender Clinic pioneered and has spearheaded supportive responses in Australia, which have steadily developed in other states. This has been in the context of rising general awareness of gender dysphoria, diversity and transition in Australia, as these issues have become better understood by health professionals and by wider communities.

Assessment and treatment approaches were expanded on by Dr Felix McMillan, Child and Adolescent Psychiatrist and Family Therapist. He described the attachment-informed family systems theory perspective, in which family relationships are considered central to supporting the child or young person in managing and exploring gender dysphoria in a constructive, exploratory way. By referring to case vignette material, Felix brought to life how the clinician can assist a family group to express their thoughts and feelings more openly, to go on to reflect upon the centrality of their mutual attachments, and on this basis to progress to better understand and deal with, as a family together, the issues faced by one member struggling with gender dysphoria or uncertainty. He also set out the importance of conducting sessions separately with the child and parent/s, to facilitate "disenfranchised grief", working towards "corrective emotional experience" and clarifying "ambiguous loss" felt by all family members. Participants found Felix's open, careful and empathic listening to family concerns, exploration of situations encountered by families, and the clinical responses he related, to be emotionally and conceptually powerful, and indeed very moving. He showed how depth of understanding attachment relationships in the family helps greatly in reaching and realising more informed and more comfortable individual and family choices in this area.

After Morning Tea, when Participants mingled, spoke with each other and were asked by organisers about the questions arising for them from the Workshop information, the third Presenter, Lux Newman (they/them) was introduced.

Lux is a Peer Assistant Researcher in a special research team at RCH, with broad experience in this role as a person of lived experience of non-binary gender identity. Recounting details of this work on several levels, Lux demonstrated passionate compassion for the position of children and young people experiencing gender diversity concerns. The vital importance of facilitating the voices of young people to be heard in this area shone through brightly. Lux revealed an extraordinarily creative approach to connecting with parent and child education - so straightforward and relatable; Lux underlined the necessary provision of what is often missing from relevant services for young people and families, namely access to links to other services, tools and information. Outstanding was Lux's description of co-design of a brochure which sets out helpful supportive and service contact information in a clear and engaging way, readily accessible for anyone in late Primary School or older, and for their family members – the TAG TEAM study. Lux combined personal understanding with highly developed and imaginative graphic design skills in this project. Further, Lux mentioned other levels of helpful resources, such as trans adolescent group therapy for alleviating stress. In discussing gender related difficulties that can be faced by the young, Lux spoke about aspects of their own gender journey in life, and highlighted how valuing one's individuality in gender self-identity underpins essential, overall self-esteem and wellbeing.

The Workshop finally featured a Panel Discussion among the Chair and Presenters, welcoming questions and comments from the whole group present. For example, the question was asked about how to deal with decisions about gender identity that might be regretted, a question requiring consideration at several levels; it was clarified here that post gender altering surgery regret has been reported at just 1%. Presenters' responses made it clear that thorough and emotionally supportive exploration of the young person's needs and uncertainties, before any decisions are made, plays a major part in steering an appropriate course. This whole group interchange revealed that participants greatly appreciated the specialised information provided in the Workshop, and indeed were eager for as much practical advice as possible about how to access relevant services and helpful organisations.

It is hoped that MHYFVic can assist in disseminating information to the mental health and wellbeing field, as well as the community in general, concerning services of various kinds and how they may be most easily accessed. This inspiring Workshop concluded with thanks expressed to all present – to the Chairperson, to the Presenters and to all Participants.

---000---

Child & Adolescent Mental Health Conference 2025 [Gold Coast]

MHYFVic President, Prof. Jo Grimwade, attended CAMH25 to present the case for a national body representing the interests of young people and their families in the mental health advocacy field because we have consistently been sidelined by the adult "noisy wheels". This is his report:

"I found out about this conference, organized by the Australian and New Zealand Mental Health Association (ANZMHA: which runs several national conferences, including the upcoming AddictionZ 25) after last year's event and was keen to attend with an agenda to build interest in an advocacy group for Australia child and family mental health that was independent of government. I was keen to hear what the various delegates would present. I left wondering about the field and my attendance.
The conference attendees were largely from New South Wales and Queensland, with representation from all other states and New Zealand, but the Victorian contingent was small in overall number and in the number of presentations, although Campbell Paul did an Infant Mental Health keynote as the first Keynote of the conference.

The primary source of presenters was educational psychology, There were quite a few health promotion presentations and many lived experience presentations. Major themes were LGBTQI+, lived experience, the effects of social media and information technology on children and families, indigenous healing programs, and neurodiversity. Domestic violence, eating disorders, and rural and remote services were also discussed. I found the neurodiversity sessions the most meaningful and practical. There was one keynote by Daryl Higgins from ACU on the Australian Child Maltreatment Study that was very informative. There were groups of presentations that came from communities. The ones out of the Northern Rivers of NSW were refreshing in their reach and apparent effectiveness.

Progressively, I have become dissatisfied by the blandness of professional conferences: too much politeness and too many buzz words. Maybe I am getting older and am frustrated by the repetition of questionable ideas and congratulatory commentary. I like to participate by asking probing questions, but the ethic of challenge has been replaced by suffocating politeness. I am impatient to see change among professional practice and discourse. It was not a good place from which to attend this conference.

Another form of blandness is the use of code words or phrases that erase transparency. "Evidence-based" is a worthy goal, but is rarely demonstrated, especially when methods with narrow parameters and ranges of participants are applied to complex, multi-faceted problems which are way outside the defining evidential parameters.

"Attachment" is taken as an epistemological primitive and has moved to status of "established science" with the four attachment types identified by Ainsworth as uncontroversial. There is no thought about the

psychodynamic underpinnings of the ideas. There is no comment on mother blaming.

"Identity" is interpreted to mean something unique to that other unquestioned perennial, "the Individual". Whereas "identity" is a universal unit, without variation of descriptors, that underpins all mathematics. Researchers use complex statistical methods to describe what they chose to call "identity". It is simply "one". This idea of different possible identities allows for people who are different to feel vindicated in their difference, but mathematics collapses if one is not one. Much research in this area blithely overlooks this problem.

"Trauma" is another rising epistemological primitive. It allows practitioners to adapt any model of practice from any theoretical direction and call it "trauma informed". No consideration is made of the violence done to the model. Or how the development of the model distorted trauma factors.

"Mental health" is another distorting meme. Mostly, we discuss mental ill health. People talk of their "mental health" in negative terms. But also, as if, one's mental state is separate to other life factors. We need words to discuss issues, but there is increasing mystification and incapacity to call a spade a spade.

I went wanting to drum support of the establishment of a national advocacy body for family mental health based on the platform created in Victoria by MHYFVic. I was barely successful in this regard. The older attendees could see the need for national advocacy. Some noted the lack of funding for child and family mental health at the federal level, even while funding was available for adult services of various sorts. There has been a shift away from the advocacy position of many of my CAMHS colleagues of thirty years ago. I am unsure why the younger delegates were there, but there were many of them."

Jo Grimwade

Winston Rickards Memorial Oration 2025

Paul McDonald, CEO of Anglicare, gave the 14th Winston Rickards Memorial Oration at the University of Melbourne on Monday 14th April: "The State as the Corporate Parent: raising or managing?"

From his background of social work with a variety of youth welfare programs he has come to work in recent times with young people in the Child Protection system, particularly those in out-of-home care (OOHC).

> "For some it is a relief to be removed, for others the care received has created opportunities for them in life, and for many, despite best efforts, being in care, can be littered with multiple placements, multiple care workers coming in and out of your life, living with others not of your blood or bond or choice, with times of deep worry or fear, sometimes needing to fend for yourself or suffer for yourself, surviving rather than thriving as a young person in this world."

Though much can be said about all the phases of this pathway, Paul focused primarily on young people emerging from the system at the expiry of Care Orders at age 18. He highlighted the dilemma:

> "No review of whether you are ready or equipped to have this care terminated, no discretion to appeal for extension of this care, no discussion with you or assessment of you, the care system terminates its responsibilities over you, on a birthdate. The system says to the child, we as your carers are done with you, we will no longer have or provide obligations towards you, even though we were your guardian your carer, your (corporate) parent.
>
> It is of no consequence that you may be looking down the barrel of homelessness on the expiry of your order, or you maybe clinically depressed or self harming, that you may be pregnant with baby due in 6 weeks, you may have court next month, you probably will be not at school and hopelessly unemployed or you could be tackling the demands of year 12, or you are completely bereft of independent means or resources. Carer payments stop, case worker removed from child, the young person if residing in a residential home is

exited, the relationship from the legal guardian is terminated unequivocally."

The results of this administrative policy have been catastrophic. Anglicare response has been to launch the "Home Stretch" program. This program has successfully lobbied governments around Australia to provide varying degrees of support for a further three years. American research showed that similar programs had halved homelessness, doubled employment rates, improved wellbeing and reduced teenage pregnancies by one third.

"Arguably, the care leaver is the most disadvantaged youth cohort in Australia." The case was presented for the cost-effectiveness of support for the group. Progress in these areas by overseas governments was reported.
The Oration was a fine example of successful intervention in a highly at-risk group. In the MHYFVic website of Best Practice interventions in prevention of mental health disorders it falls in the "secondary prevention" class because it is for a selected sub-group of the population. One can only wonder about how much more effective it could be as a universal intervention for all young people.

Allan Mawdsley

FORUM

In this newsletter we have suspended the specific section for discussion of issues that need clarification of their place in the Mental Health field.

Reader's comments would be welcome.

POSITIONS VACANT

From the report in our last newsletter of our Strategic Planning it can be seen that we need help with a variety of tasks.

Some readers may already have an interest in these tasks and would be willing to help us without adding to their workload (because they are already doing the task) and without needing to belong to our committee or doing much more than they are already doing.

For example, we know that there are people who keep watch on the websites of the departments of community services and health for announcements of programs and tenders for projects. MHYFVic really needs to keep up to date with these, but we do not have anybody to do the watching. A volunteer reader who could alert us to such news would be hugely helpful.

Similarly, we would love to have someone alerting us to current preoccupations of young people on social media. Our committee is just not in touch with those things, but it would be great if someone could bring us up to date.

At a deeper level, we also need help with legal advice and public relations expertise.

Allan Mawdsley, Vice-President, MHYF Vic

News from "Emerging Minds"

The October Newsletter has a link to a Webinar on "Working therapeutically with children who have experienced trauma from physical or sexual abuse".

There is also a link to a podcast on "Responding to shame and stigma in child protection and reunification".

2025 MHYF Vic Committee

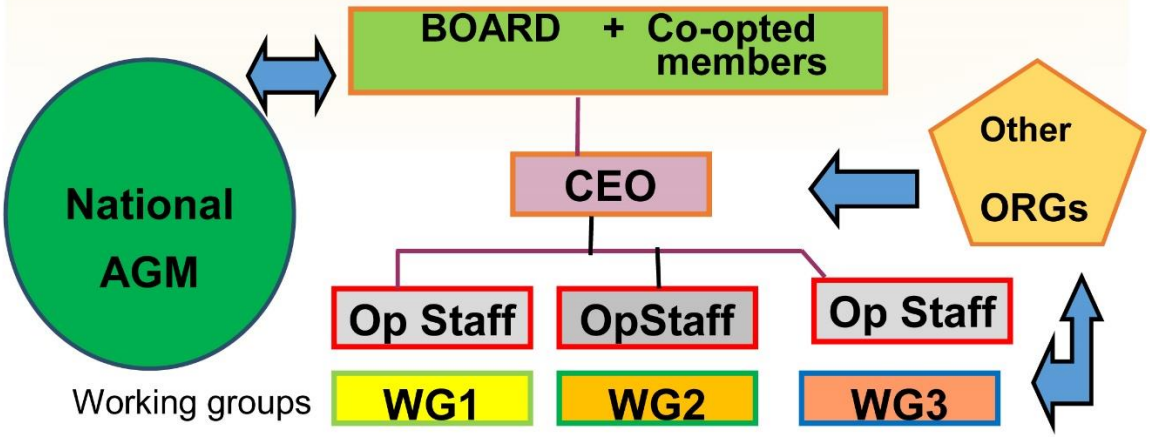
* President : Jo Grimwade
* Vice- President: Allan Mawdsley
* Secretary : Cecelia Winkelman
* Treasurer/Memberships: Kaye Geoghegan
* Projects Coordinator, Allan Mawdsley
* WebMaster, Linda Purcell
* Newsletter Editor, Allan Mawdsley
* Youth Consumer Representative, vacant
* Members without portfolio: Suzie Dean, Miriam Tisher, Liam O'Connor, Sarina Smale, Porpavai Kasiannan, Michelle Morris, Kylie Cassar.

National advocacy for child and adolescent mental health: a need for coordination and productivity

Jolyon Grimwade, PhD, Clinical Psychologist, President, MHYF Vic

Suzanne Dean, PhD, Clinical Psychologist, Director, Stewart Consultancies, Committee Member, MHYF Vic

- **CAMH needs a VOICE** that is strong and clear. Independent. Coordinated.
- **Oriented to service enhancement**, consumer involvement, and support for developing professionals.
- The **needs of special communities** and of **access in remote locations** require speaking up and funding.

Three Key Learnings:

- **Need to establish national body for advocacy for child, adolescent, and family mental health**
- **Need to have national and local representation across Australia**
- **Funding must be independent of government so that a critical voice can be articulated without bias**