

Submission to The Productivity Commission's Mental Health Inquiry

by Jigsaw Queensland Inc

BACKGROUND on Jigsaw Qld Inc

Jigsaw Qld has been providing information and peer support services to people affected by adoption for more than 40 years.

Following the Australian Government's apology for former forced adoption policies and practices in 2013, Forced Adoption Support Services (FASS) were funded in each state of Australia by the Department of Social Service. These services complemented other services already being provided by government and non- government agencies

Since 2015, Jigsaw Qld has been funded to provide the FASS service. This service is staffed by professionals qualified in social work/ psychology/counselling) with specialist knowledge in working with people affected by adoption. FASS provides information and advice e.g. on accessing adoption records, emotional support, assistance with searching and contacting relatives and referral to other services.

MENTAL HEATH ISSUES for people affected by forced adoption policies and practices

Both the 2012 Senate Inquiry into Former Past Forced Adoption Policies and Practices¹ and the 2012 Australian Institute of Family Studies (AIFS) study into Past Adoption Experiences² highlighted the significant and long term impacts of past forced adoption practices on mental health. The AIFS study surveyed 823 adopted people and found that compared to Australian population estimates, adoptees had "lower levels of wellbeing and higher levels of psychological distress" (p. xiv). Additionally the study identified that for those adoptees had experienced abuse or neglect in their adoptive families may require "urgent access to intensive, specialised and ongoing supportive interventions" (p. xiv).

The AIFS study included 505 mothers who had lost children to adoption and identified the long term mental health impacts. "Mental health and wellbeing measures used in the survey indicated a higher than average likelihood of these mothers suffering from a mental health disorder compared to the general population, with close to one-third of the mothers showing a likelihood of having a severe mental disorder at the time of survey completion. Mothers rated lower quality of life satisfaction than the Australian norm, and over half had symptoms that indicate the likelihood of having post-traumatic stress disorder" (pxiii).

The report recommended improving "access to appropriate and specialised counselling that is both affordable and ongoing" (p. 121)

SUPPORT SERVICES for people affected by past forced adoption practices

There are a number of services in place to support the mental health of adopted people, mothers, fathers and their extended families.

This includes:

1. Forced Adoption Support Services (FASS) in each state which provide professional services including information, emotional support and referrals to those affected by forced adoption. In addition, the FASS service at Jigsaw Qld provides assistance with searching for and
1. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/report/index
2. <https://aifs.gov.au/publications/past-adoption-experiences/executive-summary>
3. https://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_WE_B_Final.pdf

contacting family members. Jigsaw Qld also offers peer support groups facilitated by trained volunteers. The latter is a very cost effective form of mental health support.

2. State funded post adoption agencies e.g. Post Adoption Support Qld and similar organisations in other states provide assistance with information, family tracing and contact, and counselling.

GAPS IN MENTAL HEALTH SERVICES AND BARRIERS TO ACCESSING SERVICES

FASS is regularly contacted by people who need assistance from mental health professionals who understand the issues associated with forced adoption and have specialist therapeutic skills.

FASS is funded to provide emotional support/short term counselling but is not funded to provide longer term therapeutic counselling.

Some clients are referred for counselling to the state government funded agency (Post Adoption Support Qld). However other clients, particularly those in regional and remote areas, need a referral to a mental health practitioner they can access for face to face longer term therapy.

It is often very difficult to refer people to the appropriate services for a number of reasons.

1. Lack of appropriately trained mental health professionals

The AIFS study identified that many practitioners did not have the appropriate knowledge and specialist therapeutic skills to assist people affected by forced adoption. Therefore, the Australian Psychological Society was funded to develop training in working with people affected by forced adoption.

The APS training provides a cost effective means of increasing access to “adoption sensitive” mental health assessment and treatment and reduces the risk and costs of inappropriate mental health services.

Lack of knowledge amongst practitioners presents a risk of harm to people who have already experienced a lifetime of disenfranchised grief and trauma associated with adoption separation and loss. Providing adoption specific therapeutic training to professionals reduces this risk.

Unfortunately there has been limited uptake of the training and so this knowledge gap still presents a significant barrier to people trying to access appropriate mental health services, particularly in rural and remote areas.

The APS training was initially free but now has a fee attached.

Recommendation:

- Funding provided for the APS training to be offered at no cost particularly to rural and remote practitioners.
- Funding for promotion of the APS training to professionals

2. Limited number of sessions available under Medicare

The current limit of 10 sessions per year is inadequate for those needing longer term therapy. This includes mothers who present with severe mental health issues including symptoms of PTSD, severe depression or anxiety and complicated grief. Adoptees who have significant mental illness often require more than 10 sessions of therapy.

1. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/report/index
2. <https://aifs.gov.au/publications/past-adoption-experiences/executive-summary>
3. https://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_WE_B_Final.pdf

Recommendation: Increase number of Medicare funded sessions available for people affected by forced adoption

3. Costs

Clients on low income cannot afford the gap fees for ongoing therapy. Not many Medicare accredited practitioners are willing to bulk bill and those that do often have a wait list.

Recommendation: Funding for a scheme similar to ATAPs where there is a no fee gap for people affected by forced adoption.

4. Lack of mental health practitioners in rural and remote areas

Recommendation: Broadening the range of professionals who can provide Medicare funded services to include practitioners registered with PAFCA.

5. Limited range of therapies recognised for Medicare funding

At least some mothers and adopted people affected by forced adoption have mental health problems which fit with complex trauma and would benefit from having access to trauma informed therapies as recommended in the Blue Knot Foundation Practice Guidelines³.

Recommendation: Therapies should be considered for funding based on the best available evidence on complex trauma

1. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/report/index
2. <https://aifs.gov.au/publications/past-adoption-experiences/executive-summary>
3. https://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_WE_B_Final.pdf