

MENTAL HEALTH PROBLEMS.

Mental health has been an upfront issue especially for politicians and newspapers since the advent of Covid, and rightly so. People who have developed severe personal problems plus those who have long-term problems need to be catered for and this requires extra funding and professional help now.

But this concentration on the present, although necessary, misses the point that many mental health problems stem from the early years of life. The focus and funding, long-term, should be directed to this area of need in order to lessen the overall problems of mental health, eventually curtailing the amount of money needed for a healthier society.

Most people have problems of some type during their lives such as loneliness, unhappy times like a breakup with a friend, afraid of the dark, a teacher who is over strict, controlling parents and so on, but these are rarely traumatic events that lead to severe mental health problems; it is a change of circumstances that has caused a change in your feelings. Many situations in our lives can cause problems and depending on the severity, the results can be very upsetting or disastrous leading to the need for help from professionals. But the above are completely different from traumatic incidents in a person's early life which could later on, if not dealt with at the time, require long-term or lifelong professional help, often unable to be rectified.

The above, perhaps, shows my lack of knowledge of mental health problems but I have been surrounded in my family by social workers, mental health workers and now play therapists. These professionals, plus my own experience as a Supervisor of Residential Care in Community Services, Geelong, has led me now to advocate for a radical change in dealing with mental health. A large number of cases occur in the early years. Andrew Carroll, a forensic psychologist, has stated that 'The broad swathe of unmet need is around trauma -related conditions. It's unusual to meet a male prisoner who will tell you that their childhood was all just fine. They've experienced neglect, absent fathers, institutional abuse, intrafamilial abuse. But because of inadequate resourcing, these men will not have ready access to psychological treatments in prison.' Also, research cited by the New South Wales Law Society Journal shows that in 2022, about 98% of women in Australian prisons have experienced trauma, and almost 85% have been subject to violence. Up to 73% of female prisoners lived with acquired brain injuries.

I am suggesting that in the kindergarten years there should be free and universally available time for all children, aged 3 to 5. Of course, this would require more kindergartens, more staff with increased pay, all of which would require a lot more government funding, a policy they are in the process of slowly implementing. Hopefully, this change would reduce the present situation of the number of individuals requiring between 10 to 22 free visits to professionals for psychiatric help, thus helping to fund the above change. Unless the problems are observed early and treated appropriately the would-be patient will suffer years of pain, confusion and rejection, needing long-term help by professionals.

I have already suggested an increase in the number of kindergartens and pay for the teachers but the key deficiency in kindergartens at present, is that the Assistant to the Kindergarten Teacher is untrained. If the Assistant was replaced by a fully trained professional mental health worker – a social worker, a play therapist, mental health specialist- any help provided could be natural as the professionals would be someone working with/observing the children, meeting the parents of the children as they either drop off or pick up the children or help with morning tea, or even a planned social meeting of staff, children and parents

If the kindergarten teacher and this new assistant agree on seeing a problem in one of the children attending kindergarten, the trained assistant could then work intensively with the child in a private space in the kindergarten. The child would see this as a normal part of the program, not something foreign or frightening if taken to a professional setting. Then, if needed, the Assistant could meet the parents of the child who already know the worker to discuss the situation. If they are accepting/aware of the problem, then the Assistant would work with them. If the behaviour of parent/child situation is difficult to change, then a referral to another expert might be required. The aim is to hopefully remedy the problem before it becomes entrenched, requiring many years of counselling after years of pain and suffering by the child and usually the parents

I am aware that the present government has limited funds to cope with all the problems that are before it and so I am suggesting here that there should be a trial experiment over the next year or so to be able to obtain an impartial report on whether this work is successful or not. Deakin University, Geelong, has a fully implemented course in Play Therapy in their Health Department and

recently presented a large number of graduates with either the Degree or Masters Certificate.

Therefore, the trial could be run in Geelong under the supervision of Deakin University. Ten kindergartens with experienced teachers could be chosen throughout the Greater Geelong Region and 10 willing Play Therapists allotted to these kindergartens for one year. They would be required to meet with a Supervisor from Deakin at least once a month and the Supervisor would be required to visit these kindergartens at regular intervals to oversee the standard of the work being done by the Play Therapists. The Supervisor would be required to write up a full report on the trial and this would be given to an appropriate, impartial panel of experts to be considered before delivery to the correct government departmental Ministers for consideration for implementation.

I am aware that there are a number of services available to the kindergartens from outside organisations and that kindergarten teachers are trained to observe problems that need referral. This requires extra work by the kindergarten teacher whose aim is to provide a fully developed educational program. The referral to outside organisations for help can sometimes be very frustrating as the agency is overworked or they lack the appropriate worker to deal with young children. On the other hand, play therapists may feel that this full-time placement offered them very limited work in their particular field and it may be preferable that their work in the kindergarten is part-time, by placing them at two or three kindergartens or giving them part-time work so that they can continue with their own private work.

I still think that ideally the best situation is for the trained play therapist to be full-time in one kindergarten so that there is a complete understanding of the situation and the contacts with parents can be so normal in order to create better understanding by everyone for the therapeutic work that might be required.

N.B. To be a proper research program, any child dealt with by the Play Therapists would need to be followed at least through their Primary School years and a Control Group of children considered to have problems but without help within their kindergarten should be identified and followed up.

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I am sending this to 'Letters to the Editor' hopefully to be passed on to the Opinion Editor, Patrick O'Neil for publication in the Comment section?