



CARE LEAVERS AUSTRALASIA NETWORK

CLAN is a National, Independent, Peak Membership Body which supports, represents and advocates for people who were raised in Australian Orphanages, Children's Homes, Foster Care & Other Institutions.

Submission to the Royal Commission into Mental Health Terms of Reference Consultation

To Whom It May Concern,

CLAN - Care Leavers Australasia Network is a national, independent, peak membership body which represents and advocates for those who were raised in Australia and New Zealand's Orphanages, Children's Homes, other Institutions and Foster Care. There were more than 500 000 children in Australia who grew up in 900 plus Institutions. CLAN's main objective is to assist and support Care Leavers and their families through the wide variety of work we do including but not limited to advocacy, counselling, casework, records searching and publishing Care Leaver's stories.

CLAN would like to thank the Victorian Government for establishing this Royal Commission into Mental Health and providing us with the opportunity to provide consultation regarding the Terms of Reference. Whilst the introduction of this Royal Commission is a necessary first step, mental health is an enormous topic comprising so many issues. CLAN sincerely hope that the Victorian Government takes on board our input and feedback in order to assist Care Leavers to have better access to, and outcomes from, the mental health system in Victoria.

Why do Care Leavers Suffer from Mental Health Issues?

Care Leavers suffer from a variety of chronic and persistent mental health issues and diagnoses. These issues, for many, were created through a combination of abandonment, separation from family, and physical, emotional and sexual abuse endured whilst in the care of various Children's Homes, Orphanages, foster homes, missions, and other Institutions. Some children were brought into the care system already having experienced abuse and neglect. For the many other children, life in 'care' was a harsh introduction to a world of abuse, pain and emotional torment and neglect. Children were ripped of their identities and any ties to their families, in some Homes they were only referred to as a number, in other Homes they may have been renamed. For many adults who were in care as children their mental health issues began at this time when they suffered de-individualisation. These issues were only exacerbated by the crimes committed against children in care -the further psychological, physical and sexual abuse that many children suffered through. Most of these children had no access to counselling or any form of therapy, as mental health at this time in history was not acknowledged nor valued. For the minority of children who may have been sent to see a departmental psychologist or psychiatrist, they were either dismissed, labelled liars, or the recommendations of the professional were ignored. The care system was a law unto itself and the wellbeing and mental health of the children it cared for was its last priority.

For the many Care Leavers that CLAN supports, their mental health was exacerbated when as young adults they finally left care and were dumped by the department, no 'leaving care plans and with little education and formal training, there was little hope of getting a proper job. Some Care leavers were placed back with abusive and uncaring family members while others were practically dumped on the streets and had to learn how to survive. These factors provided quite a potent cocktail to determining mental health issues, disorders and diagnoses.

Unfortunately, Care Leavers mental health issues have only worsened as time has gone on. There are many factors which influence this. Firstly, for many Care Leavers starting a family of their own and wading through the emotional and familial dynamics can be triggering and can bring up several unresolved issues to do with their own childhood. As a consequence, this can impact the way their children are parented and can unfortunately perpetuate the cycle of abuse or neglect with no role models or assistance in understanding how to parent. This can then result in Care Leavers own children being placed in care themselves and of course further adds to the mental health issues of the Care Leaver. In CLAN's survey 'Struggling to Keep it Together' 2011, of those that chose to

answer the question (or knew the answer), 17% had a parent or grandparent in care, and 13% had placed their own child or grandchild in care. For many Care Leavers the ability to parent is not a natural one as they never had appropriate role models in their lives showing them how to parent. How do you know how to parent when you have never had a parent? How can you parent when the only parent you knew was the government who abandoned you to a childhood of abuse, neglect and forced labour? Many Care Leaver's children still bear the brunt of their parent's childhood, emotionally and psychologically. This often results in Care Leaver's families sharing mental health problems also. Anecdotally, CLAN are aware of many Care Leavers children having issues with substance abuse amongst other mental health problems. CLAN recently became aware of the story of one of our members who has lost two out of three of her sons to suicide. This cycle is one of the most important reasons to address the mental health needs of Care Leavers, if these needs are not met the cycle will perpetuate and the government will be faced with the same and similar issues with the generations to come.

Conversely, there are many Care Leavers who have never had the chance to form family connections. This means that they never got to reconnect with their parents or siblings (or even extended family) or they may never have even seen a photo of them. This disconnect with ones identity can be a hard one to deal with, and it is well known the importance of identity and family support and connection for mental health. Furthermore, there are also other Care Leavers who have chosen to never marry and to never have children. Many we have spoken to have said they were too fearful to have children as they couldn't risk what happened to them happening to their own child. Also the thought of being intimate, open and honest with a partner often proves too much for some Care Leavers who cannot bring themselves to open up to another person or put themselves at risk of losing another important person in their lives. This life of solitude and isolation can be very difficult, especially at the end of ones life when there is no one there to help nor comfort. Understandably these factors can have a huge impact on ones mental health.

Secondly, for many Care Leavers their lack of education, training and job prospects finds many Care Leavers relying on the welfare system for housing as well as pensions and other payments. Having to seek welfare to survive as well as living in social housing estates can be very depressing and debilitating for many. Any mental health issues which were already present are usually worsened for Care Leavers living in these conditions.

Another factor is the physical health of many Care Leavers, especially as they age. Many Care Leavers were taken for forced labour carried out at the Homes like industrial laundries and farms. Other Homes used children for the maintenance and upkeep of the Homes themselves to a very strict standard where children were abused if their work was not perfect. The work that all children carried out in these Homes was forced labour and was excessive in terms of the amount their small bodies should be doing or were even capable of. Additionally, the majority of Care Leavers report that they were physically abused on a regular basis. As a result of these crimes committed against them, many Care Leavers today suffer with a multitude of lifelong physical injuries that they sustained as children in the care system. These injuries for many are chronic, and the correlation between chronic pain and mental health issues such as depression is well established.

Lastly, while CLAN and many Care Leavers have welcomed the introduction of the Royal Commission, Redress, and the many Inquiries both Federal and State, that have taken place, an unfortunate consequence is the re-traumatisation that most Care Leavers suffer through every time these come up. Care Leavers are required to tell their stories over and over again bringing up bad memories they have tried to move past for their whole lives. In fact, things have worsened with the introduction of redress as Care Leavers are forced to document their experience in writing. At least

in the Royal Commission they could speak about them which can be a lot less painful for many Care Leavers, especially those who are overwhelmed with literacy issues.

For those Care Leavers with mental health issues, their conditions are worsened and in fact triggered. Major inquiries like the Royal Commission also come with a lot of publicity which then causes Care Leavers to be triggered when they turn on the TV or hear or read the news. In some cases, they have had to see their perpetrator on TV or in the news which is understandably immensely traumatic. The fact that the Royal Commission has not long finished and Redress is now underway has meant that many Care Leavers are in quite a fragile state with their mental health at this point in time. This is then left with underfunded but specialist organisations such as CLAN to assist with on a daily basis.

Furthermore, with particular reference to Victoria, many Victorian Care Leavers mental health status has been exacerbated when the Victorian Labour Government announced that they supported or supported in principle ALL the recommendations of the **'Betrayal of Trust'** report but have refused to implement them all. Most importantly, the Betrayal of Trust report was inclusive by examining the abuse and neglect of ALL Victorian Care Leavers, not just those who were sexually abused. The Royal Commission however, as you would be aware and what the Victorian Government ended up deferring to only included those who were sexually abused. This has left a large number of Care Leavers excluded from obtaining any form of redress as their abuse has been overlooked. The Victorian Government has not remedied the gap between the Betrayal of Trust recommendations that they supposedly support and the Royal Commission recommendations which they have deferred to. Once again Victorian Care Leavers have been let down by the government, their guardian and parent whilst in care, and this betrayal has worsened the loss and feelings of helplessness that so heavily weigh down many Care Leavers contributing to their worsening mental health.

Similarly, those who have been excluded from the Royal Commission and now Redress are also suffering immensely at the hands of the system once again. There were many crimes committed against helpless, vulnerable children, not only sexual abuse. For those who weren't sexually abused their exclusion from these milestone events has contributed to their ever diminishing mental health. These Care Leavers have not had the validation of their experience that others have had, and without this step forward for their mental health it is like ten steps back. They are left feeling helpless, hopeless, lacking self esteem and their distrust in the government and other authority figures has been reinforced.

Organisations like ours are the only ones who provide free counselling and support on a long-term basis who specialise in the unique Care Leaver experience and the mental health issues that Care Leavers endure. The mental health community are now well aware that the type of work that needs to be done with those suffering from trauma is not short term and this requires time and money that Medicare does not cover, and private practitioners that the majority of Care Leavers cannot afford.

The Prevalence of Mental Health Issues Amongst Care Leavers

Today Care Leavers suffer from a variety of Mental health disorders and diagnoses, including but not limited to:

- Post Traumatic Stress Disorder (PTSD) and many of the complex type
- Depression

- Anxiety Disorders
- Suicidal Ideation (many other Care Leavers have already taken their lives)
- Substance Abuse
- OCD and its variants
- Personality Disorders especially Borderline Personality Disorder
- Anger Issues
- Eating Disorders
- Lack of Self Esteem

Due to the private nature of many Care Leavers and the perceived and real stigma attached to their experience the ability to provide numbers and statistics is limited as there has been little long-term research conducted with Australian Care Leavers and the impact of being in care as a child. CLAN has conducted its own research over the years with our members which has given a brief insight into the mental health status of Care Leavers. CLAN has conducted two surveys on our members, **A Terrible Way to Grow Up: The Experience of institutional Care and Its Outcomes for Care Leavers in Australia (2007)** and **Struggling to Keep It Together- CLAN's Survey Report 2011**.

In **A Terrible Way to Grow Up (2007)** 64.7% of our sample reported having suicidal thoughts and 36.6% reported attempting suicide. Comparatively, in a 1997 National Survey of health and Wellbeing, 14.25% of the general population had suicidal thoughts, and .4% had attempted suicide in the 12 months preceding. As it can be seen the numbers are markedly different showing a high prevalence of suicidal ideation and attempts by Care Leavers in comparison to the general population.

In this same survey (**A Terrible Way to grow Up, 2007**) 170 respondents reported being sexually abused. Of these respondents the following are the mental health outcomes:

- 73.5% suffer depression
- 43.5% report suffering from PTSD
- 20.6% suffer from BPD
- 17.1% suffer from both depression and BPD
- 15.9% suffer from depression, BPD & PTSD;
- 51.8% report suicide attempt(s)

It is quite clear that a childhood in care is a high predictive factor in developing mental health issues as well as other behavioural patterns as an adult.

In CLAN's second survey **Struggling to Keep it together (2011)**, it was established that only 43% of the sample reported having good or very good mental health. This left 57% reporting fair, poor or very poor mental health, along with the many hundreds of Care Leavers who did not respond to the survey which skews the results with regard to questions like these.

The Royal Commission into Responses into Institutional Child Abuse had research Commissioned into the 'Impacts of Institutional Child Sexual Abuse on Victims/Survivors' (Blakemore et al, 2017). In this research the authors quoted Cutajar et al (2010b) which showed that female sexual abuse victims were forty times more likely to attempt suicide when compared to non-abused counterparts. Males were fourteen times more likely. Similarly Blakemore et al (2017) also spoke about the Irish Commission of Inquiry where 51% of witnesses reported suicidal thoughts, attempts, or the death by suicide of friends or siblings. One of these witnesses reported that 17 out of 39 co-residents of his

class had committed suicide. Unfortunately due to the nature of Institutional abuse numbers are hard to come by but the anecdotes are overwhelming.

Similarly in the Senate Committee report on 'Forgotten Australians' in 2004 the availability of statistics was limited but the many reports and the overwhelming evidence received by the Senate Committee shows the prevalence of suicide and other mental health issues as a very real outcome for Care Leavers. The Senate Committee Report also helps to establish the link between Mental Health and the justice system. In terms of costs, where the mental health system has failed the justice system has usually also been involved. According to Colvin, K (2001) 65% of women in Victorian prisons were in Institutions as children. Similar research also estimated that one in five adult prisoners and one in three juvenile prisoners have been in care (Gil-Rivas, V et al 1996).

Barriers for Care Leavers in Accessing the Mental Health System

In CLAN's 2011 survey of our members '*Struggling to Keep it Together*', more than 50% of respondents disclosed that there were emotional or psychological barriers which prevented them from seeking help and accessing services. Many respondents outlined feelings of shame and fear when trying to access services and mental health issues as well as stress, low self-esteem and a lack of social skills all played a part in their reluctance to seek help. This then presents in a cyclical nature as the mental health issues created by a childhood in care serve to prevent Care Leavers from seeking and accessing help for their mental health issues.

For many Care Leavers these mental health issues have developed and worsened over time as there was no accessible help and a lack of understanding from professionals and the general public surrounding Care Leavers. In *Struggling to Keep it Together (2011)*, 7% of Care Leavers reported that they lacked trust or confidence in service providers, and this is what hindered them seeking assistance. The majority of Care Leavers have grown up lacking trust in authority figures and other professionals who are supposed to help them. This is understandable considering the crimes committed against them as children by those who were entrusted with their welfare. Up until the recent Royal Commission into Institutional Responses to Child Sexual Abuse, many Australians had no idea about the treatment Care Leavers received in Australia's Orphanages, Children's Homes and other Institutions. Being in care was a very stigmatised experience and one that many Care Leavers refrained from speaking about. Many Care Leavers created narratives regarding their childhood and others still did not even disclose the truth to their spouses and children until many years later.

Mental health professionals have been no different, and many until recently had no understanding about the Care Leaver experience and the crimes committed against them at the hands of the State, churches and charities. It is of no surprise that many Care Leavers lack trust and find it difficult to disclose or discuss with professionals their mental health issues. Across Australia there is an epidemic of under educated and under trained mental health professionals who have no understanding of the Care Leaver experience. Mental Health Professionals need to not only be trained in mental health issues but need to be Care Leaver informed and trained in the history of our country. Furthermore, Care Leavers have encountered many professionals in the past who have not believed them when they spoke about their experiences which has created a vicious cycle of distrust and resentment toward the mental health system. This could easily be remedied by professionals having appropriate training and understanding before working with such a vulnerable cohort of people.

Recently, there has been a case where a Victorian police officer has been jailed for 10 months for grooming and attempting a sexual relationship with a teenager in foster care. The leniency of this

sentence is astounding and does not reflect the nature of the crime. The Royal Commission into Institutional Responses to sexual abuse worked hard with Care Leavers to earn their trust for them to come forward about the crimes committed against them as children. Whilst some of the Royal Commissions recommendations have been implemented and laws have been changed, sentences like this, where a state ward has been taken advantage of by a police officer is a regression for Care Leavers. It is no wonder Care Leavers lack trust in authority figures when they are presented with cases like these. It also begs the question if the police and other authority figures/departments have learnt anything from the Royal Commission? For Care Leavers to get assistance for their mental health issues it is important that they can trust those in positions of power like the police and the judicial system. How are Care Leavers meant to trust the judicial system when police officers are charged and found guilty of crimes against current state wards and are then given lenient sentences? It is almost a case of history repeating itself. Mental health is about the wider context of individuals and their ability to operate in the community. Mental health is more than seeking help from a mental health professional, it can be about addressing the problem, reporting their abuse and holding those responsible accountable. How can this ever happen when they are faced with cases like these? CLAN have sent a letter of complaint to the Victorian Office of Public Prosecutions. We are still awaiting a response. Please see Appendix A for a copy of CLAN tweets surrounding this case.

Another issue which plays a large role for Care Leavers is access to mental health services. For many Care Leavers socio economic status plays a large role, and their ability to afford mental health treatment privately is minimal. The nature of complex PTSD which many Care Leavers suffer with, is beyond the scope of the basic access to mental health provided through Medicare and GP Care Plans. Work with Care Leavers is long term and extensive, something that many services are not willing to offer due to funding constraints. Whilst CLAN does offer the option of long-term counselling for Care Leavers and their families, we are one small service working across Australia. This should be the standard and minimum requirement in work carried out with Care Leavers, not an exception to the rule.

Furthermore, for Care Leavers who reside in rural areas (of which there are many) the limited availability of mental health services is a major barrier. 18% of respondents to the ***Struggling to Keep it Together Survey (2011)***, reported that practical barriers such as the distance and time it took to get suitable help was the main factor which prevented them from accessing services available to them. The services which do exist in these areas are usually well known to locals and thus provides a second barrier to Care Leavers accessing them because they feel they will be recognised and stigmatised if they are seen walking into a well-known mental health service. There needs to be more options available in the country to help with this issue.

Lastly, many Care Leavers are unaware of the options which exist for them to obtain help and access services. Lower levels of literacy, poor information dissemination by governments and the tendency of many Care Leavers to live insulated if not isolated lives contributes to this as a barrier. If the Victorian Government is serious about assisting Care Leavers it needs to have targeted campaigns and provide Care Leavers with information that is easy to understand and services which are easy to access.

Conclusion

Care Leavers are a particular population group in the community who are already suffering from a multitude of mental health issues. Their childhood and subsequent abuse have made them particularly vulnerable to further mental health problems as they have aged. Part of these issues includes suicidality which makes this of the utmost importance that it is addressed. This vulnerability can be addressed early when a child is placed in care for the first time with counselling and therapy. If children in these situations are not given access to mental health support from the beginning their situation will only worsen as evidenced by the Care Leavers whom CLAN assists at present. CLAN members suffer from a range of mental health diagnoses which require long term support. The availability of mental health support through the Medicare system does not begin to assist Care Leavers. Furthermore, the sparseness of mental health services in rural areas also prevents Care Leavers from practically being able to access help. It is up to organisations like CLAN who provide free and long term counselling through a variety of mediums to support these Care Leavers, which we are grossly underfunded to do so. We sincerely hope that this Royal Commission into Mental Health examines the wider context in which Care Leavers have suffered and continue to suffer from mental health issues. It is only under critical examination that the issues can be addressed. If not, the cost of Care Leavers mental health to the individual, family, community, and the government become exponentially large.

Recommendations for the Royal Commission into Mental Health Terms of Reference

- The importance of understanding why Care Leavers have an abnormally high rate of mental health issues/disorders/diagnoses as a population group.
- The importance of understanding why Care Leavers have an abnormally high rate of suicide and suicide attempts or ideation compared to the general population.
- Understanding and implementing changes to the current Child Welfare System so all children in care have access to mental health services so as to prevent a lifetime of disadvantage.
- Understanding the importance Inquiries and reports such as 'Betrayal of Trust' has to Care Leavers and the impact of the Victorian Government not implementing the recommendations and excluding a large number of Care Leavers has on their mental health.
- Understanding the types of mental health issues that Care Leavers suffer with and the best course of treatment for these issues.
- Understanding the importance of Care Leavers having a voice in how, when and who provides treatment and any treatment being informed and unbiased.
- Understanding the need to provide funding to cater for the long term treatment of Care Leavers by service providers which Care Leavers trust.
- Examining the need for more research to be carried out with Care Leavers as a population, in order to better understand their mental health needs as a result of a childhood in care.
- Inquiring into and addressing the barriers Care Leavers face when trying to seek mental health support.

- Understanding the many individual and societal costs associated with not providing adequate mental health treatment, services and support for Care Leavers.

Appendix A



CLAN ([@CLAN AU](#))

[22/1/19, 5:53 pm](#)

Peter [@VictoriaPolice](#) [#predator](#) of Vic [#StateWard](#) did get a prison sentence a PW 10mths

CLAN written complaint to Vic Office of Public Prosecutions lenient sentence

CareLeavers here is Email info@opp.vic.gov.au

[@JillHennessyMP](#) [@LukeDonnellan](#) [@LisanevilleMP](#)
[@GrahamAshtonCCP](#) twitter.com/peter_fox59/st...



CLAN ([@CLAN AU](#))

[21/1/19, 10:58 pm](#)

[#Policeofficer](#) jailed for attempting sexual relationship with teen in [#fostercare](#)

[@PercyKaren](#)

10mths for grooming a [#StateWard](#) &he is Vic Police copper [@VictoriaPolice](#)

[@LukeDonnellan](#) [@JillHennessyMP](#)

Lenient Needs appealing URGENT abc.net.au/news/2019-01-2...

References

Blakemore, T, Herbert JL, Arney F, & Parkinson, S, 2017, Impacts of Institutional Child Sexual Abuse on Victims/Survivors: A Rapid Review of Research Findings, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

CLAN, A Terrible Way to Grow Up, 2007.

CLAN, Struggling to Keep It Together CLAN's Survey Report-2011, 2011.

Colvin, K, The Women and Poverty Report 'More than half-less than equal', Victorian Council of Social Services, October 2001, p.15.

Cutajar, MC, Mullen, PE, Ogloff, JRP, Thomas, SD, Wells, DL & Spataro, J 2010, Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *Medical Journal of Australia*, 192, (4), 184–187.

Gil-Rivas, V, Fiorentine, R & Anglin M.D., 'Sexual Abuse, Physical Abuse, and post-traumatic stress disorder among women participating in outpatient drug abuse treatment', *Journal of Psychoactive Drugs*, 28 (1), 1996, p.95.