



supporting recovery from
mental illness

The Next Five Years

Consultation paper on the strategic directions and
priorities for Mind's strategic plan for 2010 – 2014

SUMMARY PAPER

Foreword from Bill Healy, Chair - Board of Directors



Dear Reader

Mind is committed to providing innovative, effective services and resources which support people in their recovery from mental illness and in maintaining good mental health and well being. We have been doing this work for over 30 years in Victoria and now for over 5 years in South Australia. My fellow Directors, the management team and our staff are proud of what we are achieving and know from the feedback that we receive that we are making a real difference in the lives of the people we help.

However, the challenge for all effective community organisations is to continually review and renew their operations, to remain open to emerging and changing community needs and government policy, and to strive to improve the outcomes and efficiencies of their services.

This consultation paper is an important part of our processes for setting our strategic directions for the next five years, 2010 – 2014. It addresses three key areas. First, it provides an analysis of the services we provide and those we continue to provide. Secondly, it considers the changing environment within which we will operate for the next five years. This is affected by changing Federal and State Government policies and changing consumer needs and family and carer expectations. Finally, the paper considers a range of possible options for improving our work and expanding the reach of our services.

I encourage you to read this consultation paper carefully and to give us your comments about the ideas and thinking contained in it. Your individual comments and the feedback from the consultation forums are important to us because they provide vehicles through which my fellow Directors and the management team can hear the views of our clients, their families and carers, our staff, fellow service providers, our partners and our funders. Our strategic planning will be enriched by your input. The feedback from the consultations on this paper will help inform the development of our strategic plan, which will be released in 2010.

We look forward to receiving your feedback to help us shape Mind's strategic direction for the next five years.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Bill Healy', written in a cursive style.

Bill Healy
Chairperson
Mind

1 Introduction

This summary paper is released to encourage discussion and debate about the organisation's directions and priorities for the next five years. It is a summary version of the more detailed Consultation Paper. We encourage you to read the full version, which is available on Mind's website, if you have the time. All feedback on these papers will inform the development of Mind's strategic plan for 2010-2014.

1.1 Purpose and background

Three processes have informed this consultation paper: consultations with staff and consumers in late 2008 and early 2009; input from the Victorian and South Australian reference groups; and six background papers prepared by specific working groups and Mind staff. (Copies of these detailed papers are available to staff on the G: drive.) Lastly, many people have contributed ideas and materials for this consultation paper, but the emphasis and analysis are those of the Strategic Plan Project Team.

This paper seeks input on a wide range of issues about services and directions, and the feedback provided will then be considered and final priorities identified. This paper does not, however, discuss all the issues that might be included in the final Strategic Plan, for example, issues about workforce capacity and financial sustainability. Strategies to address these will be developed once the organisation's directions and priorities are agreed upon.

Mind provides services across Victoria and South Australia. There are differences in the policies and funding of the Victorian and South Australian State Governments and in the nature of Mind's services in each state. The authors of this paper have been aware of these differences but have adopted an organisation-wide approach. Where there are state-specific issues, these have been identified.

1.2 How you can provide feedback on this paper

Mind would like to hear your views on the topics and issues presented in this paper. Feedback forms:

- can be completed online through Mind's website (www.mindaustralia.org.au/strategicplan) or
- can be downloaded from the website above, filled in electronically and emailed back, or
- a hard copy can be mailed to you if you contact:
 - In Victoria: Monique Mennerich on (03) 9455 7916;
 - In South Australia: Jennifer Hughes on (08) 8368 7800.

If you do not use the online survey, please email your completed form to mmennerich@mindaustralia.org.au or fax hard copy to: 03 9455 7999 or mail to:

Mind Strategic Planning Project Unit
PO Box 592
Heidelberg VIC 3084.

Questions

For most sections of the paper, you will be asked these standard questions:

- What level of priority should this issue be for Mind in its strategic plan?
Low / Medium / High / Very High
- Why do you consider it should be a priority?
- Please rate in your order of priority the possible directions for development (*which are spelt out for each section*).

You can choose to respond to the questions in all sections or just the ones that interest or affect you.

At the end, you will be asked to nominate the most important issues for Mind to consider.

PLEASE RESPOND BY WEDNESDAY 11th NOVEMBER 2009.

2 Mind's current services and approach

Mind is a leading non-government provider of consumer-focused, recovery-oriented mental health services in Victoria and South Australia. It has been delivering services in Victoria for 30 years and in South Australia since 2005. In 2007, following a significant period of change, it changed its name from Richmond Fellowship Victoria and Richmond Fellowship South Australia to Mind. Mind has been working to increase recognition of the new name over the past two years.

Historically, Mind's focus was on providing psychosocial rehabilitation services to people experiencing serious mental illness. Mind's focus developed further three years ago and moved to more strongly embrace a recovery approach. This focuses on supporting people who experience serious mental illness in their recovery journey, and assisting them to live well in the community, with or without symptoms. It emphasises the role of relationships, enabling environments, relevant skill building and the development of an enhanced sense of identity as fundamental to recovery. Mind's staff work with clients to help them to set their own recovery goals, to access housing, employment and training, and to participate in the social and economic life of their communities.

2.1 Mind's services

Mind offers a diverse range of recovery-oriented services in 45 locations. These services include: residential rehabilitation services for young people and adults; community-based rehabilitation and support outreach services; transition from acute settings to community support; recovery-focused individual services; and respite services. Among a range of other services are specialist services such as: programs for people with a mental illness and intellectual disability; recreational and arts-based practice groups; family strengthening programs; and support services for people who are homeless.

In 2009-2010 Mind will operate 78 different programs in Victoria and South Australia, assist over 3,000 clients, and offer support to a similar number of families and carers. The number of clients assisted has increased by an average of 18% per annum over the past three years.

2.2 Key strengths

Mind has identified a number of key strengths which together have contributed significantly to the growth of the organisation:

Our staff: Large pool of staff with necessary attitudes, skills and experience to support positive recovery outcomes for clients.

Experience and reputation: Mind is well known and respected for its quality relationship-based support work, residential and outreach services, and for producing positive outcomes for clients and their families.

Size and geographic coverage: Large community-based provider with state wide coverage in Victoria and coverage in all of metro and two country regions in South Australia .

Sound governance and management structures: Mature organisation with sound management and ability to manage growth and maintain quality outcomes.

Partnerships: Good working relationships with governments, public mental health services, clinical services, other non-clinical service providers and a wide range of key stakeholders.

Diversity of service offerings: Broad continuum of recovery services from 24 hour residential, outreach, and respite, to services for people who are homeless.

Consumer and family and carer inclusive: Strong consumer focus and family and carer inclusive. Consumer and carer consultants work within the organisation.

Service planning and program development capacities: Mind has developed its planning and service development capacities. It has evolved from a decentralised model to stronger strategic and policy leadership, including the creation of a Service Development Department. In addition, Mind's research capacity is increasing.

Financial capacity: Strong balance sheet.

You can find out more information about Mind and its services at www.mindaustralia.org.au

3 What is driving Mind to change?

Despite being clear about its core business, Mind works in a complex environment which is continually changing. There are very real factors creating legitimate pressure on Mind to change, address new issues, or develop its mix of approaches. These factors obviously include government policies and funding, but also growing consumer and carer needs and expectations.

3.1 Government policy directions

There has been considerable policy development and planning at national and state levels in mental health in the last few years (for example *Because Mental Health Matters* in Victoria, *Stepping Up* in SA and the recently released *4th National Mental Health Strategy Plan*). There are many commonalities among the priority actions and approaches in these policies and plans, and these are identified in the full discussion paper.

There are some key themes among these priorities that are highly relevant for Mind:

- Many priorities require changes in structures, systems, policy and funding (e.g. in housing, employment and training), rather than being able to be achieved through service delivery.
- The issue of social inclusion is increasingly important. This implies a stronger focus on enabling access by clients to appropriately supported housing, education and training and employment.
- There is shift of emphasis to 'early in life, early in illness and early in episode'. This includes prevention early in life; addressing stigma and discrimination in the community; acting earlier in the cycles of illness (addressing symptomatic behaviours or less serious disorders to prevent more serious illness developing); and earlier in episodes (i.e. quicker access to treatment and support when episodes occur).
- There is strong focus on increased involvement of consumers and carers through various avenues. These include: enhancing services so that they are more person-centred; increasing the role of consumers in their own recovery (although Mind already emphasises this strongly); strengthening the role of carers, where appropriate; and developing more consumer-led services and initiatives.
- The need for much stronger research and evaluation of approaches to build a deeper evidence base.

Clearly, Mind's existing and agreed future work reflects all of these policy directions.

3.1.1 Addressing economic and social disadvantage

Importantly, the Federal and State Governments' mental health reform agendas are being framed within their social inclusion policies. This is because those who experience mental illness are often excluded from many aspects of social and economic life. They often live in unsafe or otherwise inadequate housing, and may have no job, little or no money, and often no friends. They can be forced to endure the widespread negative stereotyping of their experience of illness. In turn, there is also a strong recognition that constraints on access to affordable housing, education, training and employment are also key determinants of mental health, with the capacity to create a downward cycle. Clinical and life opportunity factors must be addressed in a more integrated manner.

These consistent themes of governments' policy directions challenge all agencies involved in mental health service delivery to ensure that service models are focussed on achieving these positive social outcomes. Mind has a long tradition of seeking to address economic and social disadvantage and this new policy focus challenges Mind to consider how it can best contribute to building better opportunities for economic and social participation for people with serious mental illness over the next five years. Governments are acting too: national initiatives on affordable housing and homelessness are opening new funding and service opportunities that have the potential to improve clients' life opportunities.

3.1.2 Prevention and early in illness approaches

The organisation has decided to strengthen its capacity to act early in episode, as noted above. However the policy directions above also highlight action early in life and in illness. Both imply a much stronger role in working with children and young people. They could also include a stronger prevention role. Work might range from increasing resilience in children (e.g. in schools), as well as training people in schools to identify children or young people at risk and in need of early support, providing support for pregnant women with mental illness, or tackling community attitudes (e.g. stigma, prejudice and discrimination). It could also imply strengthening Mind's focus on developing relapse prevention strategies with clients (in conjunction with clinical providers) as part of their recovery planning.

A challenge for Mind is to be able to step beyond its current practice and in some areas its expertise, to work in new areas such as community awareness, or to work with specific client groups.

3.1.3 Feedback from consumers and carers

Information received from consumers (from client and program information, client-expressed preferences and feedback through focus groups) suggests that there is reasonable satisfaction with existing services but that there are key areas where improvement is sought. Many of these suggestions relate to internal processes or quality issues, but some have broader relevance for strategic planning. These include the need to:

- Create broader opportunities for clients to obtain housing, make social connections and gain employment;
- Build stronger and more effective consumer and carer participation mechanisms;
- Recognise and address the impact of trauma on clients; and
- Build stronger roles for carers in the service system.

3.1.4 Implications

Many of Mind existing activities and priorities already address the above government policy directions. However, these policy directions also suggest a range of further opportunities and challenges for Mind over the next five years. The remainder of the document seeks your feedback on these issues, set out in the following sections:

- Existing directions and priorities for Mind;
- Possibilities for changing how Mind's current work is delivered;
- Possibilities for taking on new roles and approaches;
- Possibilities for working with new population groups.

4 Existing directions and priorities for Mind

Mind is already committed to the following existing or recently agreed directions.

4.1 People with serious mental illness

This paper and the direction of Government policy and funding affirm the relevance of Mind's primary focus on supporting people who experience serious mental illness in their recovery journey.

4.2 Increasingly complex needs

One of Mind's existing strengths is in supporting recovery for people with complex and multiple needs. Mind should continue to develop its capacity and strive to become a leading provider in this area. This approach will enable us to expand services to a range of sub-groups including people with a mental illness who also: have an alcohol and/or drug addiction; are homeless; have an intellectual disability; are returning to community living after an acute episode or living in an institution; or are involved in the criminal justice system. In fact, Mind's practice has already taken a more integrated approach to address the complexity of managing a range of these issues when supporting clients. In addition, in some programs specialist staff now support the generalist staff and deliver complementary recovery services. This approach has been successful and there should be an ongoing investment in the development of skills and systems.

4.3 Social inclusion

There are two key implications of the social inclusion agenda for Mind's work. First, while social inclusion priorities such as housing, employment, training, and community integration are important objectives in principle, such objectives are currently only included in each person's individual recovery journey if they nominate them as important. Mind should therefore critically review how well its approach supports clients' long term social inclusion in all of its dimensions. How can staff balance the current privileging of clients' goals with a broader understanding that social inclusion objectives are essential to clients regaining their place and rights within the community?

Second, as important as the individual support roles are, staff are severely constrained in this by the existing supply of housing, jobs and education places, as well as other factors (e.g. discrimination). The reality is that there are very real and well-known structural and social barriers to housing and employment access, for example. These issues cannot be tackled by individual support workers assisting clients individually. Change to these factors can only be stimulated by social and political action, in combination with innovative local action. Mind will now develop structures and strategies that enable an organisation-wide approach to social inclusion, especially in relation to housing and employment, and including increasing its research and advocacy roles.

4.4 'Early in episode' and people with high prevalence conditions

Although Mind's main focus will remain on working with people who experience severe mental illness, Mind will remain open to an increased focus on 'early in episode', aimed at preventing escalation of mental illness and ongoing disabilities. Such a focus partly reflects the new and clear shift of emphasis in the State and Federal policies and funding to acting early in life, illness and episode. Such a move has the potential for broadening the focus of Mind's programs to include people with high prevalence mental illness conditions, in particular depression and anxiety disorders. However, in doing so, Mind should build on its existing competency and experience base.

4.5 Improving Mind's recovery-oriented services

There is relatively little research and evidence around the supporting recovery approach, something government policy aims to reverse. A key challenge for Mind is to build a stronger evidence and research base (what works, what doesn't, with whom, in what circumstances etc.) and to integrate the findings into its practice.

Such research will need to include evaluations of practice against the four elements of Mind's supporting recovery framework, and to research Mind's effectiveness in assisting clients to access housing, employment, social participation and education opportunities. Such work will need to be based on a capacity to assess the experiences of consumers and carers more effectively, and on evaluations of consumer participation and carer and family inclusion. Improving consumer-focused care will depend on such knowledge. Lastly, this should be undertaken via existing and new academic and other partnerships.

4.6 Expanding consumer engagement and family and carer inclusion

Mind's 2006–2009 Strategic Plan had a strong focus on improving consumer and carer engagement. Significant progress has been made in this direction with the employment of consumer and carer consultants (the latter being the first in community-based NGOs of their kind in both states), consumers and carers taking leadership roles on the Board and Board sub-committees, regular advisory committees and other mechanisms and the employment of peer support workers.

The challenge for the organisation is to build on the achievements of the last three years and set new goals that will further expand its consumer and carer focus at the individual, service, regional and organisational levels to create more consumer and carer-centred services.

4.7 Stronger focus on geographic areas and partnerships

Mind places a strong emphasis on developing a range of informal and formal partnerships in the local communities in which it works, and there are many examples where this has been particularly successful (for example the *Heading Home* program in Victoria and the *Returning Home* program in Adelaide). However, there is undoubtedly still a somewhat fragmented service response in certain geographic and program areas, and Mind should in future work more closely with other agencies to develop enhanced coordination of services.

4.8 Proposed directions and priorities for the above issues

Mind will:

- ✓ Continue its focus on supporting people who experience serious mental illness in their recovery journey.
- ✓ Build its focus on people with complex and multiple needs.
- ✓ Further develop its supporting recovery approach, aiming to ensure that social inclusion objectives are met for all clients.
- ✓ Work more strategically to address some of the structural barriers to housing, employment and education.
- ✓ Explore means and options for acting earlier in episode.
- ✓ Explore the development of recovery services for people with high prevalence mental illness in partnership with primary health care providers.
- ✓ Develop a significant research and evaluation program, including collaborations and partnerships with Australian universities and academics.
- ✓ Collaborate with consumer and carer organisations and service providers in the development of this research program.
- ✓ Develop and implement a consumer participation and leadership plan.
- ✓ Develop and implement an organisation-wide family and carer inclusion plan.

5 Possibilities for change to Mind's current work

This section explores possibilities in expanding Mind's considerable existing work with young people, and with people who are homeless, and expanding Mind's current roles in housing, employment and education.

5.1 Young people

Research and government policy highlight the need to address mental health issues as early in life as possible, to prevent the likelihood of them becoming serious disorders in adulthood, and to minimise the disruption to the life of young people and their families. Research shows that 75% of mental health problems emerge before the age of 25 years.¹ Mind has had a major commitment to services for young people with serious mental illness since the early 1990s. It currently supports over 500 young people per year and spends over \$8 million on its youth services. It operates 13 youth-specific residential programs, community support services and one homelessness program for young people with complex needs. It will continue this priority but is looking at ways of enhancing or expanding its range of approaches and services.

Proposed direction

- Mind to continue its focus on services for young people who have or are at risk of serious mental illness.

Possible directions and priorities

- Review and modernise Mind's service approaches for young people and build its capacities in early intervention and supporting prevention.
- Build Mind's partnerships with clinical, education and youth services to provide more integrated clinical and community recovery services which may include residential services, counselling, skills training, employment and education services.
- Examine the introduction of new approaches and models for youth services including consideration of options such as targeting a particular diagnosis to address with a planned and evaluated intervention, early psychosis program, more 'hearing voices' programs and services for young refugees.
- Develop a youth website as a part of Mind's service offerings.
- Develop collaborative programs for young people in the justice system.

5.2 People who are homeless and have serious mental illness

The two-way connection between homelessness and mental illness is well established. Recent reports suggest that up to 75% of people who are homeless have a mental illness.² In both Victoria and South Australia, Mind does have clients who are homeless in its general programs. In addition, it has specific services for people who are homeless and clients do not have to have a diagnosed mental illness to be eligible for these services. Mind has built specialised expertise in the area of working with people who are homeless and have a mental illness, and it will continue to develop this capability. There is also the opportunity to share and build capabilities in this area with other organisations (both within and outside the mental health sector) who work with people who are homeless or who have complex needs.

Possible directions and priorities

- Review the focus of Mind's role in homelessness services and develop a more integrated approach to homelessness across the organisation.

¹ headspace, 2009, accessed at <http://www.headspace.org.au/about/why-headspace/>

² Home Truths – Mental Health, housing and Homelessness in Australia, Mental Health Council of Australia, 2009. www.mhca.org.au

- Undertake research and evaluations in collaboration with homelessness agencies on effective recovery practice with people who are homeless and have complex mental health issues.
- Consider funding opportunities that may be available under *The Road Home Program*, both at both national and state levels.
- Develop training packages on recovery practice for people who are homeless and have a serious mental illness, so that such packages could be used by Mind and other agencies.

5.3 Improving access to housing

A major review of Mind's role in housing has been undertaken recently. This review has highlighted that stable, secure, safe and affordable long term housing is one of the key factors in supporting clients in their recovery. A holistic, person-centred approach to recovery needs to deliver rehabilitation and accommodation in a more integrated and timely manner. This is in line with the social inclusion agenda discussed earlier.

Possible directions and priorities

- Modernise the housing stock Mind owns to better meet clients' needs and preferences.
- Work with the Department of Human Services and its community housing association partners to modernise and re-develop the public housing stock Mind manages or uses for its programs.
- Undertake research on housing needs of people with mental health conditions and advocate for improved housing access by government and housing industry bodies.
- Develop an innovative housing model that seeks to demonstrate better housing outcomes.
- Build effective partnerships with community housing associations and other housing providers to improve housing access for Mind clients.
- Employ housing access officers to facilitate access to public and private rental accommodation.
- Purchase housing stock in our own right.

5.4 Developing a more assertive approach to education and employment

Access to appropriate employment, education and training are acknowledged as key pathways to long-term recovery and social inclusion. Yet levels of participation in education and employment are relatively low among people with mental health conditions in Australia, compared to other developed countries. Seventy five per cent (75%) of Australians with a mental illness are unemployed. Recent policies highlight the need to address this, including the new National Mental Health and Disability Employment Strategy (NMHDES)³. Mind plays a limited role in this area and recognises it should develop a more assertive approach to education and employment.

Possible directions and priorities

- Develop specialist employment officers to work with clients and staff in improving employment outcomes for clients.
- Mind to explore supported employment models.
- Include in Mind's research program a focus on approaches for increasing employment participation rates.
- Explore partnerships with organisations such as other PDRS/non-government mental health services, clinical services and employment agencies to increase employment participation rates for clients of Mind.
- Develop Mind's own businesses as a training and employment strategy.
- Expand Mind's role in supported education and explore other educational opportunities.

³ Commonwealth of Australia, 2009, National Mental Health and Disability Employment Strategy, Canberra

6 Possibilities for change: new roles and approaches

6.1 Becoming an influencing organisation

The current focus on social inclusion outcomes is a key driver suggesting Mind should take a stronger advocacy and leadership role within the sector. This agenda inherently implies that social change is required in some areas to increase the number of housing and employment opportunities available. This suggests a real need for stronger voices such as Mind's, and those of its partners, in advocating to governments and other bodies for required structural changes. In addition, the two Reference Groups for this planning process both recommended that Mind, as a non government organisation, become more engaged in the policy debates, both with governments and within the public arena.

Possible directions and priorities

- Develop Mind's capacity to advocate to government for improved social inclusion outcomes for consumers and carers and families.
- Strengthen Mind's mechanisms to be well informed of consumer, carer and family and other service and community perspectives on recovery and social inclusion issues.
- Develop relevant alliances and partnerships with other service and consumer/carers organisations to strengthen Mind's voice around key issues.
- Strengthen the capacity of consumers and carers associated with Mind to be able to advocate independently at a system level.

6.2 Building the learning and training capacity of Mind

An internal review of Mind's current roles and capabilities in learning development for consumers, families and carers and staff is being undertaken and will be completed by December. The aim of this review is to consider how Mind can improve its learning and education services, given the diversity of content required and geographical spread. E-learning strategies appear to be particularly promising.

Possible directions and priorities

- Develop a learning and development strategy to strengthen the capacities of the organisation for the next five years.
- Offer a range of information and learning opportunities for consumers and families and carers.
- Develop web-based learning and training opportunities for consumers, families and carers and staff, as well as external organisations.
- Attract government funds for learning and training.

6.3 Strengthening use of the internet and web technologies to support recovery

Recent developments in internet and web-based technologies, including developments in social media (such as Facebook, MySpace, YouTube, Twitter and blogging) create new opportunities for sharing information, working collaboratively, and building and resourcing communities of interest or mutual support on an anywhere/anytime basis. Mind believes there is enormous potential benefit to its clients, families and carers, and business partners in such initiatives.

Possible directions and priorities

- Explore the development of client and family/carers-focused websites to provide information and resources, and build connections through online communities.

7 Possibilities for change: working with new population groups

7.1 Infants and families

Recent research has provided stronger evidence of the particular needs of women with mental health conditions during pregnancy and early parenting, including those who also have drug and alcohol issues.⁴ In addition, more is now understood about the impact on infants of stress in early years.⁵ The working party for this paper highlighted these as priority groups for support.

Some services exist in both states and a range of strategies have been utilised elsewhere to address these needs, such as support for pregnant and new mothers, playgroups, early intervention, medium term residential care and regular home visiting. It is worth noting that a national mapping exercise of pathways and services for perinatal care is being undertaken as part of the National Perinatal Depression Initiative. Its findings will be available by mid 2010, and will provide significant guidance about both key gaps.

Possible directions for Mind

- Mothers' support program, with a focus on ongoing support during early years, and also involving family members where possible.
- Early intervention programs aimed at pregnant women with mental health conditions, focusing on parenting skill development, the availability of support and crisis services, and critically, the importance of parent-infant bonding/attachment.
- Respite services for women and babies, incorporating peer support.
- Drop in service for mothers with babies (extended hours).
- Where possible, all current and future programs should enable women who have mental illness and drug and alcohol problems to participate.
- Enabling women with infants to use current programs, where feasible and safe.

7.2 Older people

Mind currently provides no special services to older people but demographic, need and opportunity factors suggest that services to older people will be an area of potential growth. These factors include the obvious ageing of the population, and the growing recognition of the scale and impact of mental health issues, including serious depression amongst older people. In addition, there are concerns associated with the ageing of parents and carers who have played significant support roles for their adult children with mental health issues. Carers generally report high levels of strain.

Possible directions and priorities

- Undertake a study of the gaps in services for older people with serious mental illness and explore the potential for specialist support services targeted at older people and their carers in residential and community settings.
- Develop innovative service responses for older people and seek appropriate funding.
- Collaborate with other organisations to highlight the needs of older Australians with serious mental illness to advocate around government policy and funding in this area.
- Explore potential for the provision of information, training and consultancy services to the aged and primary care sectors.

⁴ Department of Human Services (2009), *Because Mental Health Matters*, Melbourne

⁵ Robinson, M. et al (2008), Pre- and postnatal influences on preschool mental health: A large-scale cohort study. *Journal of Child Psychology and Psychiatry* 49:10 (2008), pp 1118–1128



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