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PARENT-INFANT RESEARCH INSTITUTE (PIRI)

***Submission to the Royal Commission into
Victoria's Mental Health System***

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Contents

Submission to The Royal Commission into Victoria’s Mental Health System:	1
Executive Summary with Recommendations	1
Response to The Royal Commission’s Questions	2
What Makes It Hard For People To Experience Good Mental Health?	2
Good mental health begins in the womb. We should start there.....	2
<ul style="list-style-type: none"> • Prevention, identification and early intervention for perinatal mental health difficulties 	2
<ul style="list-style-type: none"> • A perinatal mental health focus is central to planning effective, comprehensive mental health services..... 	2
<ul style="list-style-type: none"> • Failure to detect and treat perinatal depression and anxiety incurs enormous social and economic costs..... 	3
What Can Be Done To Prevent Mental Illness and Support People to Get Early Treatment and Support?	3
Availability and Accessibility of quality mental health services for women and their babies during the perinatal period.....	3
<ul style="list-style-type: none"> • There remains an unmet need for an evidence-based strategy in Victoria to increase early identification and link this to uptake of effective treatment..... 	3
<ul style="list-style-type: none"> • The use of e-health technologies in a stepped-care model..... 	3
<ul style="list-style-type: none"> • Innovative e-mental health supports..... 	4
<ul style="list-style-type: none"> • Readily accessible interventions to support early mother-infant attachment..... 	4
<ul style="list-style-type: none"> • Monitoring of safety and quality in perinatal mental health care 	5
What Are The Drivers Behind Some Communities In Victoria Experiencing Poorer Mental Health?.....	5
<ul style="list-style-type: none"> • Disparity in outcomes between rural, regional and metropolitan locations..... 	5
What Victoria’s Mental Health System Should Ideally Look like: Which Areas To Prioritise For Change?.....	5
<ul style="list-style-type: none"> • A person-centered, stepped-care model of mental health service delivery 	5
<ul style="list-style-type: none"> • Prevention, early intervention and treatment for vulnerable mothers..... 	5

• A focus on protecting the developmental prospects and future mental health of children:.....	6
• Ongoing funding mechanisms for original research	6
• Evidence-based and effective workforce training in perinatal mental health management,.....	6
Conclusion	7
Begin by Protecting the Future Mental Health of Children Before They Are Born.....	7
Our Recommendations	7
About The Parent-Infant Research Institute (www.piri.org.au)	7
References.....	8

Submission to The Royal Commission into Victoria's Mental Health System: From the Parent-Infant Research Institute

Executive Summary

The Parent-Infant Research Institute (PIRI) welcomes the Royal Commission into Victoria's Mental Health System. Our Victorian-based organisation works specifically in the area of perinatal *mental health* research, care and services. As such, we have commented on those items in Commission's Terms of Reference which are most relevant to mental health care in the perinatal period. PIRI is dedicated to tackling perinatal depression, anxiety and their consequences through research and translating research evidence to practice. We recognise that prevention and very early intervention, from pregnancy and throughout the postpartum period and early infancy, is the ultimate upstream point of service delivery and key to interrupting the intergenerational impact of mental health difficulties.

Our Recommendations

1. The mental health of the whole Victorian community depends in large part on the mental health of infants and their parents. Substantial resources should be specifically targeted to perinatal mental health as the top priority for sustainable, generational change.
2. E-mental health strategies can help 'de-fragment' the system by expanding/improving early recognition and by connecting people with the supports they need in a stepped-care approach.
3. Increased recognition of perinatal mental disorders and improved access to effective, evidence-based treatments and supports are at the centre of an improved health care system response to perinatal mental difficulties and their lasting consequences.

Response to The Royal Commission's Questions

We have compiled the following comments and suggestions relating to achieving the specific issue of improving the Victorian perinatal mental health care sector. We have grouped these comments under 4 key questions identified by the Commission:

- What Makes It Hard For People To Experience Good Mental Health?
- What Can Be Done To Prevent Mental Illness and Support People to Get Early Treatment?
- What Are The Drivers Behind Some Communities In Victoria Experiencing Poorer Mental Health?
- What Victoria's Mental Health System Should Ideally Look like: Which Areas To Prioritise For Change?

Below, we suggest how a stronger prevention and early intervention focus on perinatal mental health (and on very early infant development) can address these questions and contribute to the vision of all Victorians experiencing the best possible mental health throughout life.

What Makes It Hard For People To Experience Good Mental Health?

Good mental health begins in the womb. We should start there.

- **Prevention, identification and early intervention for perinatal mental health difficulties** provides a huge opportunity to protect and optimise the trajectory of infant development and future mental health and this should be a key foundation of the wider mental health strategy for all Victorians. *Without such a keystone strategy, we make it harder for all Victorians to experience good mental health throughout their lifetimes.*
- **A perinatal mental health focus is central to planning effective, comprehensive mental health services.** Approximately 100,000 new parents struggle with depression or anxiety each year. There is increasing international awareness that maternal depression in pregnancy has profound negative consequences on the fetus and on children's future wellbeing and development (see *Science* Vol 345, August

2014, special issue on parenting; <http://www.1001criticaldays.co.uk> and www.everyonesbusiness.org.uk).

Among mothers suffering either antenatal or postnatal depression and anxiety, children followed through infancy, adolescence and early adulthood have been found to have substantially higher risk of enduring mental health, cognitive and/or behavioural problems (Capron et al., 2015; Glover, 2015; Milgrom et al., 2004; O'Donnell et al., 2014). Directly relevant to this, we have published the first evidence that treating maternal depression in pregnancy can promote better developmental outcomes in children (Milgrom et al., 2015; Bleker, Milgrom, Parker, et al., 2019; Bleker, Milgrom, Sexton-Oates, et al., 2019; Milgrom et al., 2019).

- **Failure to detect and treat perinatal depression and anxiety incurs enormous social and economic costs.** The London School of Economics recently reported an £8.1 billion cost to society of perinatal mental illness for every one-year UK cohort of births (Bauer et al., 2014). In Australia, the figures provided by Deloitte Access Economics (Deloitte Access Economics, 2012) for the total annual cost of perinatal depression are consistent with this on a per capita basis (but do not include the costs of the enduring lifetime impact on children).

What Can Be Done To Prevent Mental Illness and Support People to Get Early Treatment and Support?

Availability and Accessibility of quality mental health services for women and their babies during the perinatal period

- **There remains an unmet need** for an evidence-based strategy in Victoria **to increase early identification and link this to uptake of effective treatment** of perinatal mental health and emotional problems.
- **The use of e-health technologies in a stepped-care model** lends itself to expanding access to evidence-based treatment services. PIRI leads the Perinatal Depression e-Consortium (PDeC) in delivering MumSpace (<http://www.mumspace.com.au>), a central website which houses evidence-based online treatments

(MumMoodBooster and Mum2BMoodBooster), a preventive smartphone app for women at risk of, or suffering from, perinatal depression and anxiety, along with universal online support for new parents. The Victorian-developed website and tools are now available nationally, providing unprecedented access to free support for women at risk of, or suffering from, perinatal depression. Importantly, our MumMoodBooster online treatment programs are effective for those with more severe symptoms and their effectiveness in the real-world setting is similar to that seen in clinical trials: a significant accomplishment in Australian mental health research translation. Implementing a stepped-care model of mental health service delivery via the use of integrated e-health technologies was the aim. This is in line with the vision of the Victorian 10-Year Mental Health Plan to “Provide services that fit together into a whole” where people are “linked to the right services at the right time” and with the aim of current National Mental Health Plan to ‘de-fragment’ the mental health care system.

- **Innovative e-mental health supports** tailored for particular groups and vulnerable populations have an expanding evidence base with good results for efficacy and cost-effectiveness. These will become an increasingly important part of future service delivery. This is particularly relevant to the perinatal mental health area as new parents often find it difficult to access traditional services and face-to-face clinics due to the demands of caring for an infant and the perceived stigma of perinatal mental health problems. The use of e-health technologies in a stepped-care, person-centered model lends itself to wider availability, accessibility and better coordination of treatment services.
- **Readily accessible interventions to support early mother-infant attachment** and bonding are lacking in the current system. A secure attachment relationship with a responsive caregiver is a fundamental requirement for healthy, optimal development in human infants (*Science* Vol 345, August 2014, special issue on parenting). The best scientific evidence shows that, even when maternal depression is treated successfully, this does not redress the damage and disruption done to early mother-infant relationships by perinatal mental health difficulties. A specific program of mother-infant interventions and supports is required to ensure the best

start to life for infants in families affected by perinatal depression and anxiety. Treating the maternal depression is vital and necessary, but alone it is insufficient to protect children's developmental prospects.

- **Monitoring of safety and quality in perinatal mental health care**
We see regular reporting on measurable indicators as central to ensuring ongoing improvements in perinatal mental health services.

What Are The Drivers Behind Some Communities In Victoria Experiencing Poorer Mental Health?

- **Disparity in outcomes between rural, regional and metropolitan locations**
The use of e-health technologies in a stepped-care model lends itself to expanding access to evidence-based treatment services irrespective of geography. Perinatal women living in regional, rural and remote communities often lack access to coordinated specialist services and trained mental health workers and this along with fear of stigma can contribute to disappointingly low rates of treatment

What Victoria's Mental Health System Should Ideally Look like: Which Areas To Prioritise For Change?

- **A person-centered, stepped-care model of mental health service delivery** that includes the use of integrated e-health technologies where appropriate should be the aim. We agree with the vision of the Victorian 10-Year Mental Health Plan to *"Provide services that fit together into a whole"* where people are *"linked to the right services at the right time"*. This is also in line with the current National Mental Health Plan.
- **Prevention, early intervention and treatment for vulnerable mothers.** With particular reference to perinatal mental health, a specific priority should be to achieve the aim of the Victorian 10-Year Mental Health Plan of *"improving prevention, early intervention and treatment for vulnerable mothers from pregnancy through the post-partum and early infancy period"* The best available research evidence emphasizes the need for identification/screening programs that are integrated with such stepped-care pathways to care and coordinated with workforce training (Milgrom & Gemmill, 2014; Milgrom & Gemmill, 2015). Such a system is especially lacking in the perinatal mental health sphere. Perinatal

depression and anxiety are common and have devastating and costly consequences. Most cases are not identified (60%), and the vast majority (90%) never receive adequate treatment even when identified. Screening for perinatal depression is Australia's national recommendation, but many professionals lack on-the-spot access to gold-standard guidance for interpreting, and acting on, women's screening results. This is a major gap that could be addressed by the introduction of digital systems to guide professionals with on-screen prompts for interpretation of screening results and psychosocial information adhering to national guidelines. This would allow the user to develop a structured management plan tailored to each client's needs and have an electronically produced onward referral form. PIRI has completed a pilot cluster trial of such an electronic clinical decision support system (PIRIMID^{PIRI}) with good uptake and user-satisfaction rates. The opportunity is available for translating this into increased treatment uptake and better mental health outcomes.

- **A focus on protecting the developmental prospects and future mental health of children:** there is a need to better emphasize the need to act as early as possible, not only from childhood but in pregnancy and early infancy, as the key to interrupting intergenerational transmission.
- **Ongoing funding mechanisms for original research** into the improvement of perinatal mental health services, especially translational research, are key to identifying best practice, evidence-based approaches and bringing them into real-world services.
- **Evidence-based and effective workforce training in perinatal mental health management,** such as that delivered by our institute to every Maternal & Child Health Service in Victoria, is essential to the provision of adequate perinatal mental health care.

Conclusion

Begin by Protecting the Future Mental Health of Children Before They Are Born

In thinking how Victoria can best protect and improve the mental health of the whole community, we urge the Commissioners to begin with a specific focus on improving perinatal mental health services, and integrated identification and intervention programs in this most crucial of areas. This is where a drive towards better population mental health must begin. A focus on the more specific issues outlined above, if successfully addressed would do much to underpin an efficient and effective Victorian mental health system into the future. As perinatal mental health specialists, we would again emphasize that in planning for the good mental health of all Victorians throughout life, the critical importance of perinatal care along with prevention and early intervention in the very earliest stages of life (conception to 2 years) must take a central place.

Our Recommendations

1. The mental health of the whole Victorian community depends in large part on the mental health of infants and their parents. Substantial resources should be specifically targeted to perinatal mental health as the top priority for sustainable, generational change.
2. E-mental health strategies can help 'de-fragment' the system by expanding/improving early recognition and by connecting people with the supports they need in a stepped-care approach.
3. Increased recognition of mental disorders and improved access to effective, evidence-based treatments and supports are at the centre of an improved health care system response to perinatal mental difficulties and their lasting consequences.

About The Parent-Infant Research Institute (www.piri.org.au)

At the Parent-Infant Research Institute, we have completed a substantial body of work addressing the above issues. Attached is an overview of our work in developing cost-effective screening and evidence-based treatment approaches and evaluations (Attachment 1: Transforming the Lives of Parents and Infants; Attachment 2: PIRI Programs). We have been engaged in perinatal mental health research for 20 years,

including a close collaborations with Beyond Blue. During that period we have screened tens of thousands of perinatal women and developed new e-systems for screening and clinical decision support, integrated with e-treatment, in a model suitable for widespread dissemination for self care and community based care. For example, our evidence-based online MumMoodBooster program has been validated as an effective treatment for postnatal depression (Danaher et al., 2013) and an antenatal version, Mum2BMoodBooster, has been developed. We believe that developments in e-health point the way for the future in terms of cost-effective, accessible treatment options. Our focus is on building resilience in families with targeted treatments (including recognition of the importance of not only mothers and babies, but father's mental health) and assessment of very early risk situations (maternal suicide or preventing trauma and maltreatment in infancy). We have developed interventions using a range of delivery modes (individual, group, telephone, self-help, e-health) working closely with GPs and maternal and child health nurses. For example, *Towards Parenthood* is an evaluated, universal program addressing transition to parenthood that also helps to reduce emotional difficulties (Milgrom, Schembri et al., 2011). We also have a strong focus on prevention and workplace training.

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