Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system
The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments here instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

For organisations

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports.

Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose

to respond to only some of them. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information	
Title, First name, Surname	Associate Professor Jacqueline Boyle Doctor Melanie Gibson-Helm
Email Address	[redacted] [redacted]
Preferred Contact Number	[redacted]
Postcode	[redacted]
Preferred method of contact	☒ Email ☐ Telephone
Gender	[redacted]
Age	[redacted]
Do you identify as a member of any of the following groups? Please select all that apply	☐ People of Aboriginal and Torres Strait Islander origins ☐ People of non-English speaking (culturally and linguistically diverse) backgrounds ☐ People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community ☐ People who are experiencing or have experienced family violence or homelessness ☐ People with disability ☐ People living in rural or regional communities ☒ People who are engaged in preventing, responding to and treating mental illness ☐ Prefer not to say
Type of submission	☐ Individual ☒ Organisation Please state which organisation: The Women's Public Health and Health Equity Research Program, Monash Centre for Health Research and Implementation, School of Public Health and Preventive Medicine Monash University. Please state your position at the organisation: Director (Associate Professor Boyle), Research Fellow (Doctor Gibson-Helm): The

	Women's Public Health and Health Equity Research Program. Please state whether you have authority from that organisation to make this submission on its behalf: ☒ Yes ☐ No ☐ Group How many people does your submission represent?
Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? ☐ Yes ☒ No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document ☐ Yes ☐ No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers ☐ Yes ☒ No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	☐ Person living with mental illness ☐ Engagement with mental health services in the past five years ☐ Carer / family member / friend of someone living with mental illness ☐ Support worker ☐ Individual service provider ☐ Individual advocate ☐ Service provider organisation; Please specify type of provider: ______________________ ☐ Peak body or advocacy group ☒ Researcher, academic, commentator ☐ Government agency ☐ Interested member of the public ☐ Other; Please specify:
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	☒ Access to Victoria's mental health services ☒ Navigation of Victoria's mental health services ☒ Best practice treatment and care models that are safe and person-centred ☐ Family and carer support needs ☒ Suicide prevention ☒ Mental illness prevention ☒ Mental health workforce ☒ Pathways and interfaces between Victoria's mental health services and other services ☐ Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements ☒ Data collection and research strategies to advance and monitor reforms ☐ Aboriginal and Torres Islander communities ☐ People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities

	☐ Rural and regional communities ☐ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system ☐ People living with both mental illness and problematic drug and alcohol use

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Depression and anxiety during pregnancy or after the birth of a baby affect up to 20% of all women. Poor mental health in pregnancy negatively affects birth outcomes, childhood development and family relationships. The effects of mental illness during pregnancy or after the birth of a baby can persist for years and have devastating effects on women and their families.

The national guidelines "Effective Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline" recommend mental health screening for all women in pregnancy using the Edinburgh Postnatal Depression Scale (EPDS) and the ANRQ psychosocial assessment. This is to improve identification of women with possible illnesses and enable timely referral and management.

However, routine screening in pregnancy is currently limited due to service, community and individual barriers.

We have conducted an extensive perinatal mental health research program in Victoria over the last five years. We identified barriers to screening from the perspectives of both women and health providers. We then designed, piloted and evaluated a mental health screening program integrated into routine pregnancy care. The screening program is evidence-based and is stakeholder informed.

Our results show:

- using an electronic platform for screening saves time and makes it easier for health staff as scores are calculated automatically and clinical reports are generated.
- screening makes women feel cared for.
- screening increases the proportion of women identified with symptoms of anxiety or depression.

3. What is already working well and what can be done better to prevent suicide?

Suicide is a leading cause of indirect maternal mortality. This makes early pregnancy a critical time for identifying women at risk of developing, or re-experiencing, a mental illness, and providing appropriate support, referral and treatment.

The regular and frequent nature of pregnancy care creates an opportunity to integrate mental health screening and support into existing routine care.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health

outcomes and what needs to be done to address this?

Women of refugee or migrant background are at even greater risk of perinatal mental illness. Refugees and asylum seekers have been exposed to potentially traumatic events such as conflict, war, loss or separation from family, the often life-threatening journey to safety, long waiting periods, and racism. Following resettlement, financial concerns place women of refugee background under further stress. Women of refugee or migrant backgrounds often experience significant social isolation.

Women of refugee or migrant backgrounds face many barriers accessing appropriate mental health care including language and literacy challenges, lack of culturally responsive care, racism within healthcare, access to transport to appointments, costs of treatment, shame and stigma associated with mental health.

For some women of refugee or migrant background, pregnancy is the first time they experience the Australian health system. This is an opportunity to make it easier for women to experience good mental health.

We piloted a perinatal mental health screening program in a pregnancy clinic for women of refugee background. The program included:

1. An electronic screening platform using translated screening tools, which increased the ability of women to undertake screening without the use of an interpreter or family member. The platform also generated translated information for women about mental health during pregnancy.
2. A Refugee Health Nurse Liaison to assist making referrals, providing support and connecting women with the appropriate service following screening. This role was a vital link between maternity services and refugee-appropriate counselling services.
3. Bicultural patient navigators with expertise in culturally responsive care to support healthcare providers and women.
4. Clearly defined referral pathways to community-based refugee health and wellbeing services, social work departments, and acute psychiatric services.

We evaluated the program found that it is feasible and acceptable to women of refugee and non-refugee migrant background. Overwhelmingly, women were very happy to be asked about their emotional health and wellbeing. They felt that screening facilitated a discussion with midwives that they may not have otherwise had. Women valued completing screening on their own via an electronic platform as offers more privacy.

We are currently developing audio versions of the translated screening tools to improve access for women with low literacy.

6. What are the needs of family members and carers and what can be done better to support them?

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Our research demonstrated that midwives value screening for mental health and psychosocial wellbeing as part of their role in providing holistic care for women in pregnancy. With minimal, but appropriate, training, midwives were able and willing to conduct mental health screening using the iCOPE electronic platform. This increase in skills promoted job satisfaction as they felt they were providing better healthcare. Appropriately designed and used electronic screening platforms reduce variation in care and build healthcare provider confidence. For example, once a woman has completed the electronic screening, the iCOPE platform generates a management guide for the midwife that supports them to take the appropriate follow-up action. Self-administered electronic screening can take place when a woman arrives at the clinic and is waiting for her pregnancy care appointment, without a need to increase appointment length or place pressure on midwives to add another item of care to an already crowded appointment. Patient navigators have been proven to be effective in other areas of health such as cancer. Patient navigators present in pregnancy care clinics can facilitate making the most appropriate referral in complex cases, assist women to understand how to take up referrals and support offered, and to relieve the midwife to continue with other clinic appointments. Clear referral pathways within hospital and community services are required for management and support of women depending on outcomes of the screening process. This should include accessible mental health support in the hospital setting for advice or assessment if required. In another piece of research, we found that Victorian GPs and midwives feel that perinatal mental health screening would be best facilitated by more options for training and professional development, more comprehensive referral options and support services, and clear guidance on current services and referral pathways.
8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
Mental health screening in hospital pregnancy clinics across Victoria should be funded, evidence-based and woman-centred. The funded model should implement the national perinatal mental health guideline and include: 1. Professional development for midwives and doctors about mental health in pregnancy, to use the EPDS and ANRQ tools, and to provide culturally responsive care in mental health. 2. An electronic screening platform that includes translated and audio versions of screening tools, and that automatically generates reports for the healthcare provider (including next

steps for referral or support) and for the woman (including easy to understand information about looking after your mental health during pregnancy).

3. Clearly defined referral and management pathways integrated across hospital and community health.
4. Patient navigators present in pregnancy clinics to enable appropriate and timely referrals and support to midwifery and obstetric staff.
5. Hospital outpatient psychology services for women are unable to attend community psychology services or who have treatment needs that cannot be met by community services.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?
11. Is there anything else you would like to share with the Royal Commission?

References supporting this submission

1. Austin M-P et al. *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline.* Melbourne: Centre of Perinatal Excellence. 2017

2. Boyle J et al. *Improving mental health in pregnancy for refugee women: protocol for the implementation and evaluation of a screening program in Melbourne, Australia.* JMIR Res Protoc, accepted June 2019

3. Willey S et al. *Implementing innovative evidence-based perinatal mental health screening for women of refugee and migrant background.* Women Birth, Available online 8 June 2019

4. Willey S et al. *What are the professional development needs for GPs and midwives associated with the new perinatal mental health guidelines?* Aust J Prim Health, 2018 24(2):99-100

5. Nithianandan N et al. *Factors affecting implementation of perinatal mental health screening in women of refugee background.* Implement Sci, 2016 11(1):150

Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ☒ Yes ☐ No