

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

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

N/A

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?

N/A

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

N/A

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.

N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"The refugee experience, including experiences of war, torture, and flight from persecution, and challenges of learning a new language, finding employment and raising a family in a new country should be acknowledged as major considerations in the provision of effective mental health care in all health settings including primary and specialist health services for children, young people and families. The psychological effects of trauma may be long term and experienced intergenerationally, underlining the importance of supportive interventions that respond to social disadvantage and complex social circumstances. As researchers working with refugee and migrant families we have an understanding of the issues facing these families during and after pregnancy. A recent systematic review by Fellmeth and colleagues found that migrant women from low-middle income countries migrating to high income countries such as Australia experience high rates of perinatal depression, anxiety and post-traumatic stress disorder (Fellmeth, et al 2016). A high level of mental health problems is also reported for refugee young people with multiple barriers in utilisation of Australian mental health services (Colucci et al, 2015). Our research with the Afghan community in Melbourne indicates that families experience significant stress associated with high levels of housing insecurity, unemployment, low English proficiency, poor literacy in community language, and being in Australia without extended family. Afghan women and men participating in this study had rarely been asked about feelings of sadness or depression or about problems in interpersonal relationships by health professionals despite frequent contact with maternity services and maternal and child health services. (Yelland et al 2014) Health professionals participating in this study also identified many challenges inquiring

about and responding to the psychosocial needs of refugee families. "

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

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

N/A

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?

N/A

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?

N/A

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

"Please see our response at Question 5. Further to the issues facing refugee and migrant families during and after pregnancy: Forty percent of all women giving birth in Victoria are born overseas, with the majority of migrant women coming from a country where English is not the main language. This equates to over 31,000 women of non-English speaking background giving birth in Victoria each year. Around 10% of women giving birth in metropolitan public hospitals are of refugee background. Failure to recognise the demographic profile of health services and listen to the views and experiences of diverse consumers hampers service responses to the context and needs of patients. Accurate ascertainment of migrant and refugee background in administrative health datasets is critical for monitoring disparities in mental health treatment and outcomes. Without data capable of providing a clear picture of universal or specialist health service use and outcomes for diverse migrant and refugee populations, it is not possible to describe the extent or nature of health inequalities, or evaluate the effectiveness of policies and programs intended to address these. A further significant data constraint to understanding and responding to the mental health needs of service clients relates to multiple administrative data sets within the same organisation and inability to link data sets. It is clear that communication barriers for patients with low English proficiency contribute to poor mental health and physical health outcomes yet measuring this key safety indicator remains elusive. It is unknown how often people who require an interpreter go on to have one in most health settings, but data from two Australian settings suggest that even when interpreters are available they are not necessarily routinely engaged. A way forward. Minimum data sets at health service and state level should include country of birth, year of arrival, preferred language, interpreter required and interpreter provided at each health care encounter. Data reforms require the engagement and professional education of staff across health services in the rationale for data collection, sensitive approaches to ascertainment of

migration history and refugee background, and access and use of data

Strategies are needed to enable migrant and refugee families and communities to have a voice in the way that Victorian health services seek to meet the needs of Victoria's increasingly diverse population, especially those that are most at risk of poor mental health outcomes due to exposure to war, torture and persecution. "