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

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
" The Victorian (and broader Australian) community needs to realise the importance of investing in our children and their wellbeing, as they are the future citizens of Australia and the world. Evidence suggests that providing the best start to our children is the only way to ensure their optimum physical and mental health development into the future. Addressing Adverse Childhood Experiences (ACE's) is a public health issue and the wellbeing of our children is closely tied to this. I have been involved in the following submissions and rather than restate them in any detail, I wish to strongly endorse their recommendations: the Australian Association of Infant Mental Health (AAIMH), Australian Medical Association (AMA), Goulburn Valley (GV) Health and the Victorian Network of Area Infant Mental Health Services."

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?
"The awareness in people to seek help for mental health issues has significantly improved though it is not as good compared to that for physical health issues. This awareness has to occur in people seeking help as well as those in positions to offer support and help. Usually the closest circle around the person involves the family, school, work place, and the community. The health care system comes next and that includes nurses, doctors- usually GP's and then specialists e.g psychologists, social workers, psychiatrists etc. Awareness of mental health issues and the ability to detect them early depends on the system around the person. Better awareness of detecting distress and dysfunction in oneself and in people around (in families, schools, communities, etc.) is essential, so that when things are not going well, the person can ask for help and support or the person can be helped by those around them. This can only happen when mental health becomes everyone's business and the stigma is eliminated. "

What is already working well and what can be done better to prevent suicide?
"Suicide affects everyone. Target zero' in suicide is unrealistic but the numbers can be considerably reduced if we have a well functioning system that is able to detect mental stress, distress and dysfunction early and provide timely support to those who need it. To prevent suicide, we need to look after the mental health needs of the ENTIRE population- preschool children, primary and secondary school children and adolescents, adults and elderly. Especially those who have experienced significant adverse childhood experiences (ACEs) in their lifetime and may need more robust interventions tailored to meet their individual needs. The systems that are developed need to be able to communicate well with each other and work for the person and their supports e.g. their family. They need to be adequately resourced so that they can do their work well in order to achieve their goal of preventing suicide. "

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?
N/A

What are the needs of family members and carers and what can be done better to support them?
"Family members and carers want the best for their child/relative suffering from a mental illness. The need to feel heard, understood and supported is paramount. This can happen only when the mental health clinician/agency supporting the family/carer is able to engage well with them. This needs time, skill, commitment and the desire to help. Most mental health clinicians do this really well when they are adequately supported by their organisation and when organisations are adequately resourced to deliver what they set out to provide."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
I am a part of the mental health workforce. I have stayed in a regional service despite significant life stage challenges and stress at work due to good and compassionate leadership. Having good leadership in healthcare organisations that deal with complex issues is paramount. Good leadership leads to a well functioning organisation that does not tolerate bullying and other dysfunctional attributes in individuals and in the organisation. This inturn leads to less stress at work and improved productivity and satisfaction. Good work leads to career progression and opportunities to grow as an individual. The organisation that helps individuals grow also grows. Staff members stay longer and this attracts more staff. I trained in adaptive leadership during my Zero To Three Fellowship. This has helped me in my role as a clinical leader to bring about a change in the work culture of our team. These principles are useful when dealing with complex adaptive problems faced in a healthcare system. Technical solutions usually fail to address these problems. The leadership across the board e.g. in DHHS and in organisations in this system would greatly benefit with a leadership model/approach to develop a value based culture that can evolve continuously to adapt and address the challenges in the long term. Investing in future leaders and in leadership development is essential. My experience with the Tulane team reinforces this belief. They have over 20 years built a stable and highly effective team that has done excellent and innovative work and this may not have been possible if it wasn't for strong visionary leadership.

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 Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"Focussing on the existing mental health system for children and young people, I would like to highlight the following reform ideas for change: 1.Please prioritize investing thought, time, energy and resources in our children, as they are our future. The most vulnerable (preschool children,

children in out of home care) are those that do not have loud voices and need grown-ups to advocate for them. 2.Just as a child has a family, school and the wider community that is interlinked and connected in many ways, similarly systems that support the child and the family are interlinked and cannot function in silos. They need to be well connected if they are to be useful and serve their purpose. The Tulane Early Childhood Collaborative (TECC) Model provides a good template for a system that interfaces well between primary care providers (GPs, nurses, paediatricians etc.) and specialists in infant and early childhood mental health e.g child psychologists and child psychiatrists. 3.CAMHS, Child Protection and Department of Education and Training are the 3 key agencies that work with children in Victoria. Organising services around the developmental stages has been found to be useful in our co-design model of care at GV CAMHS. Preschool (0-5 years), primary school (6-12years) and secondary school (13-18 years) age groups have different developmental needs that need to be met by the system. Thought needs to be given to how these 3 agencies can interface and collaborate better. 4.DHHS funded agencies work in silos which is unacceptable e.g. CAMHS, Take 2 and Child Protection etc. Programs developed in the past to improve coordination and collaboration have been ineffective and unsustainable. The out of home care children need the best mental health care to help them overcome their adversities and change their future trajectories. Take 2 has struggled to meet the therapeutic needs of this group due to lack of resources and fragmentation. The court system has poor understanding of the attachment needs of these infants and children. They need expert advice to help them make informed decisions regarding the care and future placements of these children. The Victorian system struggles and fails to address this gap. A consideration needs to be made to develop hubs that have these agencies (CAMHS, Take 2 and others that work with children and families) co-located so that they can collaborate and work effectively. 5.The Tulane Parenting Education Program (T-PEP) was developed in New Orleans in collaboration with the child protection system, court system and the mental health system to address the needs of children under the age of 6 years who were in out of home care due to attachment trauma and protective concerns. Highly skilled and trained infant mental health staff provides expert reports on parenting capacities and caregiver-child relationship to courts and child protection so that important life changing court decisions are informed and based on expert opinion. The child and carers have access to a range of evidence-based therapies in this one-stop shop centre that are individualised according to the clinical and developmental needs of the child. Domestic violence therapeutic groups are also offered and substance addiction services work in close collaboration. The outcomes have been remarkable and this model has been used in various states in the US, other countries like UK and in South Australia. "

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

"The process of engagement and opportunity for significant change in the existing mental health system offered by the commission is heartening. It is imperative to sustain and nurture the current mental health workforce that has been working so hard in the system that has failed to grow and address the demands of the population and has led to stress and burnout of staff. They are disappointed at the lack of vision and direction of the mental health leadership as highlighted in the two VAGO reports on mental health and CYMHS. An acknowledgement of the past and current failures in the system, and strong commitment to improve the wellbeing of staff and organisations that support them would be a start in addressing the trauma' of feeling let down by the system'. Healing is essential before rebuilding. Engagement of the staff in rebuilding our' mental health system is essential. A staged plan to urgently address the inequities in resources in regional areas and keys areas like CAMHS, Drug and Alcohol services and dual disabilities is

essential. "

Is there anything else you would like to share with the Royal Commission?
"I am a child and adolescent psychiatrist and clinical director of the Child and Adolescent Mental Health Service (CAMHS) at Goulburn Valley (GV) Health and a senior honorary fellow at the Rural Health Academic Centre, University of Melbourne, Shepparton. I completed my medical and basic psychiatry training in India and obtained the Membership of the Royal College of Psychiatrists (MRC Psych), UK. I moved to Australia in 2008 to pursue child psychiatry training due to my interest in early intervention. This was fuelled by the pioneering work in early intervention in psychosis. I am a member of the Faculty of Child and Adolescent Psychiatrists and a fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP). I trained in Infant Mental Health (IMH) at the Royal Children's Hospital, Melbourne and has been instrumental in setting up an IMH team within the CAMHS program at GV Health that provides a service to the preschool children in the GV community. I have worked in rural and urban settings of three diverse health systems namely India, UK, and Australia. In my clinical role, I work with infants, children, adolescents, and parents with mental illnesses in a culturally diverse rural setting with considerable social disadvantage and a large immigrant population. In 2014, I was the 2nd Australian to be selected via a competitive application process for the ZERO TO THREE (ZTT) fellowship. This fellowship empowers its fellows to be change makers in transforming programs, systems, and policies that impact the lives of infants, toddlers and their families. https://www.zerotothree.org/resources/services/zero-to-three-fellowship https://www.zerotothree.org/resources/2235-from-mental-health-expert-to-clinical-leader-vibhay-raykar-s-fellowship-experience https://www.zerotothree.org/our-team/vibhay-raykar I was strongly influenced by my experiences at the Cranlana executive colloquium for senior leaders on 'Wisdom in Leadership' (http://www.executivecolloquium.cranlana.org.au) and by Peter Singer's work that urged me to stay and persist in a public mental health role, as that was where I felt I could do the most good.' I have led two redesigns of the GV CAMHS model of care, one of which involved a co-design with our stakeholders in the community in our efforts to be responsive in meeting the rising mental health needs of the community in the context of limited resources. While on a recent sabbatical (March-April 2019), I visited the Tulane Infant & Early Childhood Mental health team in New Orleans and learnt about their system and models of care. They have been world leaders in this field and the New Orleans Model has been adapted in many states of the US, the UK and South Australia."