

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

Organisation Name

N/A

Name

Dr James Carter

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?

"Mental illness in childhood becomes mental illness in adulthood. Mental illness in childhood often results from childhood trauma. To prevent this, we need to place a much, much greater emphasis on Social Support Services. Place a much greater emphasis on 'the village' looking after the child, particular where there are significant concerns about the child's developmental environment. "

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.

"Factors in The First 1000 Days. The period of pre-conception, antenatal period and the first two years of life is the single biggest determining factor in mental health and mental illness. If we are genuine about improving the mental health of individuals and of the community, we need intensive social support to ensure that so many more people experience a healthy first 1000 days, not horrifically unhealthy ones. To improve this we need to drastically improve the resources we dedicate to our social support services, in the form of 'Social Intensive Care'. "

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?

N/A

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

"Resources. Lots of it. But not just to mental health services. Social support services are just as important, if not more so,"

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?

Reform of our social support services / protective services. Only then is it possible to bring about meaningful reform

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

N/A

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

"(Please be advised that I have only cut & paste this here as I am not certain that the submission I have made uploaded correctly. If you do have access to the uploaded submission, the content below is merely cut & paste from that). Dear Royal Commission. I write as a paediatric doctor who has completed his training at the Royal Children's Hospital in Victoria and who holds a PhD in Cognitive Neuroscience. I write as a paediatric doctor who has worked within our Child & Adolescent Mental Health Service (CAMHS) and who has worked outside of CAMHS, referring patients in. I write as a doctor who has experienced the complexities of our mental health services and social services in both NSW and Victoria, in both rural and urban settings. I write with the very clear understanding that our mental health services and our social work services are, and must be, inexorably linked. Failures in one results in failures in the other. Reform of one cannot be achieved without reform of the other. Undoubtedly, the scope of the Royal Commission will be broad and all who make submissions will do so carrying their own biases and viewing mental health through their own lens. My lens is sharply focused on meaningful, substantive improvement to the mental health of our community by way of prevention and early intervention. Three key points for the Royal Commission to consider are that: 1) Children with severe mental illness largely become adults with severe mental illness so, if the aim of the Royal Commission is to achieve meaningful reform, then paediatric mental health must be a major focus. 2) So much of the severe mental illness in our society is caused directly by preventable, environmental factors such as child neglect and child abuse. 3) So often in such cases, by the time the patients reach mental health services (if they do at all) it is often too late and treatment is futile. Quite simply, psychiatry as a medical science is not yet advanced enough to treat such severe mental illness. Psychotherapies and psychotropic medication cannot fix the underlying cause that has become 'hard-wired' into the brain. The sum of the above is that the people that our current systems most fail are those who are most in need i.e. those with the most severe mental illness, in particular those living in chaotic / traumatic environments. My point is perhaps best illustrated in the form of a case study: In 2018, I was asked by protective services to conduct a medical assessment of seven children, all members of the same blended family. Protective services held serious concerns about the environmental conditions in which the children were living in and were of the belief that many of the children had never previously received a medical review. The ages of the children ranged between six months old to six years old. Over a period of months, I was able to review 6 of the 7 children. It was my assessment that all of the children, even the six month old, displayed evidence of developmental delay and that this was extremely likely to be due to environmental factors, in particular child neglect. It was also my assessment that such developmental delay reflected impaired development of the brain and subsequently, all children

were likely to experience some degree of mental illness through their lives. Medical science has long demonstrated that chronic childhood trauma, in the form of neglect and/or abuse is extremely likely to impair brain development and result in mental illness. Despite the long running concerns of protective services, I am sad to say that the youngest of these children became deceased within two months of my review. His death was subject to coronial enquiry. His siblings and half-siblings were relocated into out-of-home-care. These children have simply experienced trauma upon trauma throughout their lives. I am no sooth-sayer but I feel it inevitable that some, if not all of these children, are very likely to suffer severe mental illness during their lives. If I was asked to predict a path for them, I would suggest that at some stage in future someone will attempt to refer them to mental health services. They may not engage at all or they may initially do so but are then highly likely to become lost to services. I have very little confidence that any form of psychotherapy would be substantially beneficial for them, even if conducted by the greatest psychologists and psychiatrists we have. Quite simply, the damage has been done. It was preventable damage but now it has been done. It was preventable damage that we, the village that raises the child, could have prevented. But we failed to do so. Not once but on seven occasions. Not one child but seven. We failed seven children. In just one family. As you read this, imagine how many more we are failing right now. These children with evolving mental illness have been failed not by the failure of our mental health services but by the failure of our social support services. As a village, the resources that we dedicate to our social support services are ridiculously sparse. In the above case, the protective service workers that I worked with were highly admirable, young adults who gave so much of themselves. Our case workers are champions of our community but currently they are stretched too thin, paid too little and blamed too much. What these children, and so many more like them, required was much earlier intervention in the form of Intensive Social Care'. The First 1000 Days (consisting of the antenatal period and the first two years of life) are now widely recognised as being absolutely critical to all health outcomes, not just mental health but also physical. A key theme of the 2019 Congress of the Royal Australasian College of Physicians was that the best way to improve the overall health and well-being of our community is to start before the beginning. Our village needs to start raising the child before the child has even been conceived and our village needs to provide its' most intense care in those First 1000 days. So what can we do? # How can we intervene in The First 1000 Days' and beyond? How can we break the never-ending cycle of mental illness, substance abuse and child abuse that often causes significant childhood trauma? # I suggest a massive community under-taking to improve social support services, including providing Social Intensive Care' when required. # I imagine a community under-taking akin to the commitment made to land man on the moon. This issue is definitely that important and that worthy of large scale investment. # Large scale investment, at all levels of government, into early and effective social intervention. # Large scale investment to massively increase the number of social workers & child protection workers and to greatly increase the quality and intensity of the care provided. # Large scale investment to identify, educate and support potential parents-to-be and expecting parents-to-be. # Large scale investment in Social Intensive Care' for families identified as being at risk and, where possible, the commencement of that intensive care should occur before the child has even been born. # Large scale investment in Health-navigators' in order to optimise all pre-conception, antenatal and postnatal factors that are critical to good health outcomes. # For children who are at too great a risk to remain at home, we need large scale investment in desirable, supportive, residential care facilities rather than the current horror houses' that children often experience. In that way, we may hope that protective services are no longer forced to choose between the lesser of two evils and can instead feel safe and secure when placing a child in residential care. In closing, members of the commission, I submit that us doctors and mental health practitioners may not be

nearly as important as we think we are. History has clearly shown that the greatest contributions to improved health and life expectancy had nothing to do with medical advances and everything to do with social services (civil engineering, clean water supply, sanitation etc.) The same may be true for making significant improvements in the mental health of our community. The best place for reform may not even be within our mental health services but instead within our social support services. I wish the Royal Commission well. Sincerely Dr James Carter BA(Hons.), MBBS, PhD
West Gippsland Paediatric Group "

Dear Royal Commission.

I write as a paediatric doctor who has completed his training at the Royal Children's Hospital in Victoria and who holds a PhD in Cognitive Neuroscience.

I write as a paediatric doctor who has worked within our Child & Adolescent Mental Health Service (CAMHS) and who has worked outside of CAMHS, referring patients in.

I write as a doctor who has experienced the complexities of our mental health services and social services in both NSW and Victoria, in both rural and urban settings.

I write with the very clear understanding that our mental health services and our social work services are, and must be, inexorably linked. Failures in one results in failures in the other. Reform of one cannot be achieved without reform of the other.

Undoubtedly, the scope of the Royal Commission will be broad and all who make submissions will do so carrying their own biases and viewing mental health through their own lens. My lens is sharply focused on meaningful, substantive improvement to the mental health of our community by way of prevention and early intervention.

Three key points for the Royal Commission to consider are that:

- 1) Children with severe mental illness largely become adults with severe mental illness so, if the aim of the Royal Commission is to achieve meaningful reform, then paediatric mental health must be a major focus.
- 2) So much of the severe mental illness in our society is caused directly by preventable, environmental factors such as child neglect and child abuse.
- 3) So often in such cases, by the time the patients reach mental health services (if they do at all) it is often too late and treatment is futile. Quite simply, psychiatry as a medical science is not yet advanced enough to treat such severe mental illness. Psychotherapies and psychotropic medication cannot fix the underlying cause that has become 'hard-wired' into the brain.

The sum of the above is that the people that our current systems most fail are those who are most in need i.e. those with the most severe mental illness, in particular those living in chaotic / traumatic environments.

My point is perhaps best illustrated in the form of a case study:

In 2018, I was asked by protective services to conduct a medical assessment of seven children, all members of the same blended family. Protective services held serious concerns about the environmental conditions in which the children were living in and were of the belief that many of the children had never previously received a medical review. The ages of the children ranged between six months old to six years old. Over a period of months, I was able to review 6 of the 7 children. It was my assessment that all of the children, even the six month old, displayed evidence of developmental delay and that this was extremely likely to be due to environmental factors, in particular child neglect. It was also my assessment that such developmental delay reflected impaired development of the brain and subsequently, all children were likely to experience some degree of mental illness through their lives. Medical science has long demonstrated that chronic childhood trauma, in the form of neglect and/or abuse is extremely likely to impair brain development and result in mental illness.

Despite the long running concerns of protective services, I am sad to say that the youngest of these children became deceased within two months of my review. His death was subject to coronial enquiry. His siblings and half-siblings were relocated into out-of-home-care. These children have simply experienced trauma upon trauma throughout their lives.

I am no sooth-sayer but I feel it inevitable that some, if not all of these children, are very likely to suffer severe mental illness during their lives. If I was asked to predict a path for them, I would suggest that at some stage in future someone will attempt to refer them to mental health services. They may not engage at all or they may initially do so but are then highly likely to become lost to services. I have very little confidence that any form of psychotherapy would be substantially beneficial for them, even if conducted by the greatest psychologists and psychiatrists we have.

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In the above case, the protective service workers that I worked with were highly admirable, young adults who gave so much of themselves. Our case workers are

champions of our community but currently they are stretched too thin, paid too little and blamed too much.

What these children, and so many more like them, required was much earlier intervention in the form of ‘Intensive Social Care’.

“The First 1000 Days” (consisting of the antenatal period and the first two years of life) are now widely recognised as being absolutely critical to all health outcomes, not just mental health but also physical. A key theme of the 2019 Congress of the Royal Australasian College of Physicians was that the best way to improve the overall health and well-being of our community is to start before the beginning. Our village needs to start raising the child before the child has even been conceived and our village needs to provide its’ most intense care in those First 1000 days.

So what can we do?

How can we intervene in ‘The First 1000 Days’ and beyond? How can we break the never-ending cycle of mental illness, substance abuse and child abuse that often causes significant childhood trauma?

I suggest a massive community under-taking to improve social support services, including providing ‘Social Intensive Care’ when required.

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I wish the Royal Commission well.

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