

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

Organisation Name

Australian Research Alliance for Children and Youth (right@home SNHV Consortium)

Name

Ms Diana Harris

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?

"We believe that investment should be made into focused preventative programs that are evidence-based and designed for the Australian context, targeting people with known risk factors. Given both the correlation between poor mental health and other vulnerabilities such as living with financial or housing stress and unemployment, and the stigma of accessing services for mental health, targeted support to vulnerable people at key life moments can proactively protect and improve their mental health. One program doing this successfully in the Victorian context and other areas in Australia is the right@home sustained nurse home visiting (SNHV) program. right@home is an anticipatory, aspirational, preventive, sustained and structured model of embedded service delivery supporting women experiencing risk or adversity with their parenting. This program has demonstrated a statistically significant, enduring preventative effects maternal mental wellbeing, as well as improved maternal warmth and parenting efficacy, compared to standard perinatal care. Evidence shows that becoming a parent can be a period of extreme stress and anxiety, compounded by living with adversity and risk factors such as poor global health, family violence, isolation, unemployment or housing stress. Evidence also suggests that antenatal stress, along with postpartum depression and anxiety, is correlated with social, emotional, cognitive, and behavioural issues in children, and that some of these issues may be mitigated by a nurturing post-natal environment¹. Both mothers and babies are vulnerable in the ante-natal and post-natal periods and targeted, sustained preventative support can protect their mental health and stop problems from arising. The right@home Sustained Nurse Home Visiting program is one element of a system of proportionate universalism in the Victorian maternal and child health (MCH) context. The universal system is complemented by an Enhanced service designed for mothers who need additional support, and right@home fits within this Enhanced service as a targeted approach to support a cohort of mothers living with adversity and showing a specific range of risk factors. Part of the right@home service is that the trained nurses who deliver to program also deliver the standard universal care. Australia's largest Randomised Controlled Trial (RCT), undertaken in Victoria and Tasmania, has shown right@home to improve parenting enablement and efficacy (setting babies up for better brain development associated with mental health) and has been shown to actively improve maternal mental health². These improvements are enduring, with mothers reporting better mental health up to two years after the intervention is complete. Specifically, the study demonstrated: ?Statistically significant improvements in maternal Depression Anxiety Stress Scale (DASS) at 3 years post-intervention compared to the control group ?Statistically significant increases in maternal warmth compared to the control group ?Remarkably high fidelity, with 84% of the intervention group completing the 2 year program The

program commences in the antenatal period and continues until the baby is 2 years old. Mothers are recruited through a questionnaire administered in the waiting room during normal ante-natal appointments. The questionnaire identifies proven risk factors such as never having held employment, smoking in pregnancy, being the only adult in the household, and reporting lower global health. The service is delivered by the existing Maternal & Child Health nurses working in multidisciplinary teams and includes the standard program of post-natal health and development checks. References: 1. Perinatal depression and anxiety: Evidence relating to infant cognitive and emotional development. Information for health professionals. (2011). [PDF] Melbourne: beyondblue. Available at: <http://resources.beyondblue.org.au/prism/file?token=BL/0470> [Accessed 1 Jul. 2019]. 2. Goldfeld, S., Price, A., Bryson, H., Bruce, T., Mensah, F., Orsini, F., ... & Jackson, D. (2017). right@ home': a randomised controlled trial of sustained nurse home visiting from pregnancy to child age 2 years, versus usual care, to improve parent care, parent responsivity and the home learning environment at 2 years. *BMJ open*, 7(3), e013307. 3. Moore, T., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The first thousand days: An evidence paper*. Murdoch Children's Research Institute: Melbourne, Australia. "

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?

"There is a known correlation between poor mental health and other vulnerabilities such as living with financial or housing stress and unemployment, and the stigma of accessing services for mental health. Therefore this represents an opportunity to provide targeted support to people with pre-existing risk factors, at the key life moments known to cause stress. One program doing this successfully in the Victorian context and other areas in Australia is the right@home sustained nurse home visiting (SNHV) program. right@home is an anticipatory, aspirational, preventive, sustained and structured model of embedded service delivery supporting women experiencing risk or adversity, from before the baby is born up until it turns two. This program has demonstrated statistically significant, enduring benefits to maternal mental wellbeing, as well as improved maternal warmth and parenting efficacy, compared to standard perinatal care. Evidence shows that becoming a parent can be a period of extreme stress and anxiety, compounded by living with adversity and risk factors such as poor global health, family violence, isolation, unemployment or housing stress. In addition, maternal mental health in the perinatal period has been shown to have implications for children's social and emotional wellbeing. This can extend into later childhood, increasing the risk of disorders of attention and language delay¹. Both mothers and babies are vulnerable in the ante-natal and post-natal periods and targeted, sustained preventative support can protect their mental health and stop problems from arising. Australia's largest Randomised Controlled Trial (RCT), undertaken in Victoria and Tasmania, has shown right@home to improve parenting enablement and efficacy (setting babies up for better brain development associated with mental health) and has been shown to actively protect maternal mental health. These improvements are enduring, with mothers receiving the program reporting better mental health

that those in the control group up to two years after the intervention is complete. We believe that wide-spread rollout of right@home is an evidence-based means of addressing the drivers of poor mental health in the critical perinatal period. Our evidence shows that the program has an enduring protective effect on maternal mental health for women living in adversity (ie, those at higher risk of poor mental health). The design of right@home, with the standard program of care being delivered alongside the intervention in a preventative, sustained model, supports delivery through the current Enhanced maternal and child health service (as is already being used in a number of LGAs), and could be expanded across the state within current funding. References: 1.Perinatal depression and anxiety: Evidence relating to infant cognitive and emotional development. Information for health professionals. (2011). [PDF] Melbourne: beyondblue. Available at: <http://resources.beyondblue.org.au/prism/file?token=BL/0470> [Accessed 1 Jul. 2019]. 2.Goldfeld, S., Price, A., Bryson, H., Bruce, T., Mensah, F., Orsini, F., ... & Jackson, D. (2017). 'right@ home': a randomised controlled trial of sustained nurse home visiting from pregnancy to child age 2 years, versus usual care, to improve parent care, parent responsiveness and the home learning environment at 2 years. *BMJ open*, 7(3), e013307. "

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

"Infants and children of parents with poor mental health can suffer lifelong effects. Preventative programs to support mothers at risk in the first two years of a baby's life can have a profound protective effect on a child's early development. The first 1000 days of life are shown to have far reaching consequences for brain development, physical and mental health, and a range of life outcomes³. Evidence also shows that becoming a parent can be a period of extreme stress and anxiety, compounded by living in adversity and risk factors such as unemployment or housing stress. Both mothers and babies are vulnerable in the ante-natal and post-natal periods and targeted, sustained preventative support can prevent mental health problems from arising. The right@home sustained nurse home visiting program is proven to not only improve parental enablement and efficacy, supporting better child development and infant/child mental health, but have lasting protective effects on maternal mental health. The Randomised Controlled Trial of right@home undertaken in Victoria reports that statistically significant improvements to maternal mental health are still evidence two years after the intervention has completed. It further shows enduring improvements to parenting enablement and efficacy and better parenting practice, which evidence suggests promotes better brain development and mental health throughout a child's life. References: 3.Moore, T., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). The first thousand days: An evidence paper. Murdoch Children's Research Institute: Melbourne, Australia. "

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 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?

"Preventative approaches which focus on populations at risk, are delivered at key life stages known to increase stress, and using evidence-based, Australian designed programs, will have the best chance of protecting and promoting good mental health. An example of this, the right@home sustained nurse home visiting (SNHV) program is currently in use in eight Victorian LGAs and could be rolled out more widely under the existing Enhance maternal and child health service. The right@home program has been shown through Australia's largest Randomised Controlled Trial (RCT) to improve parenting enablement and efficacy (setting babies up for better brain development associated with mental health) and has been shown to actively protect maternal mental health. These improvements are enduring, with mothers receiving the program reporting better mental health than the control group up to two years after the intervention is complete. The right@home program is delivered by a joint venture between the Australian Research Alliance for Children and Youth, Murdoch Children's Research Institute (Centre for Community Child Health), and the UWS Translational Research for Social Impact centre. We have worked closely with the Victorian Government since 2012 to conduct an extensive Randomised Controlled Trial of right@home, before rolling it out across eight Local Government Areas. Following interest from and implementation in a number of other jurisdictions, we are now developing a statewide rollout proposal to support widescale implementation at best cost. "

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?

"Further information about the right@home Sustained Nurse Home Visiting program and the Randomised Controlled Trial, including links to 2018-19 peer reviewed results papers published in Pediatric journal and the New York Annals of Science, can be found here:

<https://www.aracy.org.au/the-nest-in-action/righthome/righthome> The right@home program is designed and delivered by a Consortium comprising the Australian Research Alliance for Children and Youth (ARACY), Murdoch Children's Research Institute (Centre for Community Child Health), and the UWS Translational Research for Social Impact centre (TReSI)."