

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

Organisation Name

Red Nose Australia

Name

Mrs Belinda Horton

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

"Red Nose is the only national provider of specialist services for parents and families bereaved by the loss of a pregnancy, stillbirth, or the sudden and unexpected death of a baby or child. Guided by the lived experience of these devastating losses, Red Nose has developed a range of services over the last 40 years that ensure all parents and families who have been devastated by the loss of their baby or child have access to high quality and expert bereavement counselling and support they need free of charge, 24 hours a day, 7 days a week. The sudden and unexpected death of a baby or child causes unimaginable grief and trauma for parents, their families and communities, impacting on all domains of an individual's wellbeing, including emotional, social, physical, spiritual and psychological. In 2017, 907 babies and children died suddenly and unexpectedly in Victoria, devastating up to 54,420 people (up to 60 people are impacted by each death). Many bereaved people have experienced the short-term nature of formal and informal supports, underpinned by the expectation that they will get over it, have another baby or move on. Raising awareness of the ongoing nature of bereavement and understanding of the development of prolonged grief or mental illness is vital to ensure access to comprehensive and ongoing care and support. Red Nose is committed to raising community awareness of the experiences and support needs of bereaved parents. Victorian parents, family members and friends receive counselling and support services from Red Nose's professional Bereavement Counsellors and Peer Support Workers each year. In addition, Red Nose delivers a range of grief and loss education and information sessions in Victoria each year to healthcare professionals, workplaces and organisations. (Victoria's Mothers, babies and Children Report 2017: Consultative Council on Obstetric and Paediatric Mortality and Morbidity)"

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?

"Red Nose provides ongoing specialist support including our 24/7 Bereavement Support Line, face-to-face counselling, groups, peer support programs and memorial events. These bereavement services are funded in part by the Australian Government and by Red Nose fundraising. Red Nose's services are unique in Australia with their mix of clinical and professional staff and lived experience peer support workers. In addition, the services are available to anyone impacted by the death of a baby or child at no cost, for as long as required and at any point in their journey. Red Nose (formerly SIDS and Kids) in Victoria has developed very strong referral pathways with first responders, hospitals and community services to ensure that people who have experienced the loss of a baby or child are referred to Red Nose Grief and Loss services as soon as possible. This includes provision of Red Nose brochures and service promotion visits and education to referring services by the Bereavement Counsellors. The flexible access and mix of services provided by Red Nose provide support options for people that meet their needs wherever they are in their bereavement. This is an important component of the prevention of prolonged grief

and mental illness, as well as early intervention with the ongoing challenges of life without their baby or child. Red Nose would welcome funds from the Victorian Government to secure the provision of these vital services in Victoria and strengthen the linkages and referral pathways with other sectors including mental health services. "

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

"Red Nose is very aware of the links between parental bereavement and suicide risk, and that early intervention reduces the risks. For example, Prolonged Grief Disorder has been associated with a 6 to 11 times greater risk of suicidality, even after controlling for other risk factors such as depression and Post Traumatic Stress Disorder (Latham & Prigerson, 2004). All people seeking services from Red Nose are assessed for risk of suicide as part of usual intake and counselling practice. Red Nose is currently in the process of introducing internally facilitated Applied Suicide Intervention Skills Training (ASIST) to ensure continual workforce development. "

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.

"The likelihood of each bereaved person experiencing social isolation and disconnection is high, with a significant proportion of bereaved people going on to experience Prolonged Grief Disorder or a first episode or re-emergence of mental illness or substance use. Prolonged Grief Disorder has formally been added to the psychiatric classification system ICD-11 with clear links to increased risks of suicide, psychiatric disorders, health risk behaviours, cancer and cardiovascular problems. It is known to affect close to 7% (Kathy Shear) of the population worldwide and is more likely after the loss of a child or a life partner and after a sudden death by violent means. These impacts are intensified within vulnerable communities (Aboriginal and Torres Strait Islander, culturally diverse, and rural and remote communities). The sudden and unexpected death of a baby or child also has life changing impacts on living siblings, as well as children subsequently born to bereaved parents, including disrupted attachment, trauma and infant mental illness. Historically, there have been fragmented links for bereaved parents across service sectors including disconnection between services in bereavement, child and adult mental health, maternity, maternal and child health, paediatrics and AOD services, as well as first responders (ambulance, police), Forensic Medicine and services supporting Aboriginal and Torres Strait Islander and culturally diverse communities. This results in inadequate care for bereaved parents and families, and a missed opportunity to provide effective prevention and early intervention supports. Red Nose is prepared to undertake a two-year pilot project to explore and establish a Victorian collaborative care model, to ensure the provision of wrap around supports for bereaved parents and their families. The project will bring together a range of service sectors to identify the needs of bereaved parents and their families, and to integrate services within collaborative care networks and partnerships across the sectors to meet these needs. The objectives of this project are aligned to the Royal Commission's Terms of Reference bringing together a range of service sectors to identify best practice treatment and care models, supported by strengthened pathways across sectors to prevent mental illness early in episode and early in illness. Informed by these Terms of Reference, the project is well placed to explore, in depth, a poorly understood contributor to serious and costly mental illness in Victoria and offer appropriate solutions. "

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

"There are known risks factors that increase the rates of sudden and unexpected death of a baby or child that are more prevalent among parents within some communities. Rates of smoking, lack of antenatal care, low birth weight, unsafe sleep practices and substance use are among these risk factors, some of which are likely to interrupt parents' help seeking for bereavement support or adverse mental health outcomes. The issues for any person living in regional and remote communities with mental health issues are the same for any person bereaved by the death of a baby or child. The lack of specialist bereavement supports and services such as Red Nose Grief and Loss services in these communities is significant. The risk of adverse mental health outcomes is significantly increased as a result. Red Nose provides some counselling services by telephone and skype and is keen to expand these channels of specialist service delivery in regional and remote communities in Victoria. "

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

"Red Nose Grief and Loss services are available to anyone bereaved by the death of a baby or child. This includes parents and their family members, friends and colleagues as well as health professionals, childcare educators and others who have been involved in the child's life and been impacted. Red Nose believes this inclusive service provision is vital to early intervention and prevention given that the death of a baby or child is known to impact up to 60 people. Recognition of the impact of the loss experienced by and the needs of family members and others can be missed by themselves and services when the focus is primarily on those most immediately impacted. Red Nose recommends significant investment to build on existing supports in Victoria including support groups, counselling and memorial events for grandparents, siblings and others. "

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

"Supporting a family at the time of the death of a baby or child is very demanding and difficult for the health workers, including maternity services and maternal and child health staff, as well as first responders, communities, childcare services, schools and workplaces. Red Nose is often invited to meet with people who are impacted by the death to provide debriefing, counselling and support, with a focus on grief and loss education, worker resilience and self-care. We highlight the impact of their trauma and grief and its contribution to their own mental health issues, including the importance of early identification and help seeking to prevent adverse outcomes. In addition, mental health workers are not necessarily equipped to understand their client's grief and loss or identify their bereavement support needs. The fragmentation of service sectors means they may not know who to consult or refer their clients to for specialist service provision. Red Nose is keen to see improved grief and loss education for mental health workers to reduce the sector fragmentation and increase collaborative care. Peer support is as powerful for bereaved parents as it is for someone with mental health issues. Red Nose was founded by bereaved parents who shared their lived experiences in their dedication to research and prevention of the death of babies and children as well as supporting other bereaved parents and their families. Red Nose continues to recruit, train and support bereaved parents to be peer support workers in our range of bereavement services. "

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?

"Red Nose believes that the development of a collaborative care model for the provision of effective early intervention and wrap around support services, including peer supports for parents and families, will significantly reduce the risk of subsequent and ongoing mental illness including Prolonged Grief Disorder. It is important to bring together a range of service sectors to map supports for bereaved parents and families to identify gaps and strengths across service systems and develop and implement a collaborative care model. This will result in: increased cross-sector and whole-of-government awareness of the experiences and needs of bereaved parents and their families; development and implementation of a collaborative care model across service sectors providing services funded from across government, including peer support to bereaved parents and their families; evaluation of the collaborative care model and dissemination of the findings across service sectors and government to ensure sustainability of the model, care networks and partnerships. Sustainable collaborative care for bereaved parents and families through the critical periods of grief will help to minimise the risk of ongoing mental illness, including the risk of suicide and unhealthy avoidance strategies such as substance misuse, whilst also monitoring and assessing for other mental health co-morbidities including Prolonged Grief Disorder. This will enable bereaved parents and their families to successfully integrate their grief and move forward with their lives in a way that is meaningful for them. "

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?

N/A