

# 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?

" Recognising the prevalence and adverse consequences of mental health problems among fathers of young children (0-5 years) is a critical step to improving Victorian communities understanding of mental illness and reducing stigma for fathers and men. Approximately 1 in 10 Australian men who are fathers experience mental health difficulties in the postnatal period and early years of parenting (Giallo, D'Esposito, Christensen et al., 2012). Specifically, 10% report depressive symptoms (Giallo, Cooklin, Zerman et al., 2013; Seymour, Dunning, Cooklin & Giallo, 2014), 2-18% anxiety (Giallo et al., 2013; Leach, Poysner, Cooklin et al., 2015; Seymour et al., 2014), and 12-17% high levels of stress (Giallo et al., 2013; Seymour et al., 2014). These estimates are higher than for men in the general Australian population (Giallo et al., 2012). For approximately 7% of fathers, these mental health difficulties persist beyond the early years of parenting (Giallo et al., 2014). Our research has shown that mental health difficulties in the early parenting period are just as common for men as they are for women. The consequences of poor mental health are similar. Father mental health problems are associated with partner mental health difficulties (Giallo, D'Esposito, Cooklin et al., 2013; Giallo et al., 2014), harsh/hostile parent-child interactions (Giallo, Cooklin, Brown et al., 2015; Giallo, Cooklin, Wade et al., 2014; Rominov, Giallo, & Whelan, 2016), and emotional-behavioural difficulties in children (Giallo et al., 2014; Rominov et al., 2016). Identifying, addressing and overcoming the attitudinal barriers to help-seeking among men is critical to reducing stigma and limited access to health care for mental health problems by men and fathers. Low rates of help-seeking for mental health problems (Oliver, Pearson, Coe & Gunnell, 2015) and under-utilisation of health care services by men (and fathers of young children) (Fletcher & St George, 2010; Robertson, 2007) limit their access to mental health interventions and support. Our research has shown that stigma and attitudinal barriers to help-seeking for mental health issues are common among fathers in the early parenting period (Giallo, Dunning, & Gent, 2017). These include: (a) the need for control and self-reliance in managing one's own problems, (b) a tendency to downplay or minimise problems, and (c) a sense of resignation that nothing will help. Evidence suggests that men become more open to healthcare in early fatherhood for their own health, and in service of improving family relationships and promoting their children's health (Rominov, Giallo, Pilkington et al., 2018). Therefore, the postnatal and early parenting period is a window of opportunity to engage fathers about their mental health. There has been some focus on public health messages to address the stigma associated with mental health problems and illness among men generally. There is an opportunity to specifically develop and trial the effectiveness of targeted public health messages to fathers of young children given that this is a time when they may be more open and receptive to these messages and take action to access mental health support. This was illustrated in a quote by a father in our qualitative study Getting support for yourself is a way of getting support for your baby' (Rominov et al., 2018) "

## **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?**

"Strengthening father-inclusive practices in universal health care services such as maternity care and maternal and child health, may support fathers to get early intervention and support for mental health problems in the early years of parenting. Structural and service system barriers also limit fathers' access to mental health support in the early years of parenting. These include: (a) services designed primarily for women and children (i.e., maternity services, maternal and child health services), (b) long and inflexible working hours among Australian fathers and the lack of health services available outside of business hours, (c) poor uptake of family related employment leave by fathers of young children, and (d) lack of workforce training and experience to work with fathers in key health settings such as maternity services. In the early years of parenting, many fathers have some contact with maternity, maternal and child health, and family health services, providing critical opportunities to access care for their own health. Our research revealed that many fathers want to be engaged about their mental health by professionals during the early years of parenting (Rominov, Giallo, Pilkington, et al., 2018). Despite this, father inclusive practice is highly variable across organisations and service settings. The extent to which fathers are included and engaged will depend upon: (a) an organisation's remit to provide a service to fathers, and (b) the health professionals' level of comfort in involving and working with fathers. For example, our research revealed that although all midwives (N=106) agreed that actively engaging fathers was part of their role, only 1 in 3 were confident about engaging fathers about their mental health, and 17% always asked fathers about their mental health (Rominov, Giallo, Pilkington et al., 2017). Highlighting the need for professional development, 80% indicated that they wanted more training and support for engaging fathers. There is an opportunity for health service change to better meet the needs of fathers. For example, the screening and early identification of perinatal mental health problems among women in universal health care settings could be extended to fathers. This was recognised by the Victorian Government Department of Health in 2009/10 when funding for mental health screening, early intervention support and referral for fathers attending Victorian Early Parenting Centres was made available under the Perinatal Mental Health Initiative. Some years later, funding for the initiative was no longer available. Provided that adequate referral pathways for fathers have been identified, the introduction of universal screening of perinatal mental health problems among fathers is critical to facilitate access to early intervention in the early years of their children's lives. Strengthening the evidence-base for interventions targeting fathers' mental health in the early years of parenting is a public health priority. Evidence-based interventions targeting fathers' mental health in the perinatal and early parenting periods are scarce. A systematic review identified 11 interventions targeting fathers' mental health during pregnancy and the postnatal period (none Australian), of which five reported significant intervention effects (Rominov, Pilkington, Giallo et al., 2016). All interventions focused on labour, breathing and breastfeeding, and failed to address risk factors for fathers' poor health including lack of social support, limited help-seeking behaviour, poor job conditions, high work-family conflict and poor health behaviours (Giallo, D'Esposito, Cooklin et al., 2013; Giallo et al., 2014). It is a public health priority that investments are made in developing, evaluating and rolling out evidence-based interventions to promote men's health during the early years of parenting. Several Victorian health and social care services are engaging in collaborative research with our team to develop the evidence-base for how to best: (a) engage fathers, (b) overcome the attitudinal and structural barriers to accessing mental health care faced by men and fathers, and (c) promote father (and families) mental health in the early years of parenting. Two interventions are showcased below. (a) Working Out Dads: Promoting fathers' health in the early years of parenting To address the gap in evidence-based interventions to promote fathers' mental health in early fatherhood, Tweddle

Child & Family Health Services developed and has been delivering Working Out Dads (WOD). This is an innovative six-week solution-focused group program for fathers of young children aged 0-4 years. The sessions provide support in (a) mood and stress management, (b) increasing positive health behaviours, (c) managing parenting challenges, (d) managing changes in couple relationships in the early years of parenting, and (e) strengthening peer support and social networks. The sessions are delivered by a male facilitator in the evenings in a local gym and include a personal training session. This is designed to overcome barriers to health service utilisation by men (i.e. long employment hours; stigma). A pilot study with 57 fathers reported a significant reduction in depressive and stress symptoms following the program, and a significant increase in parenting self-efficacy (Giallo, Williams & Evans, 2018). A second pilot being conducted by our team is currently underway, with the findings due for release in late 2019. Early findings indicate significant reductions in depressive, anxiety and stress symptoms, increased general health and vitality, increased perceived availability of social support, and increased parenting self-efficacy. Session attendance in both pilots has been very high (average of 96% of sessions attended by each father), and fathers have indicated that they are highly satisfied with the program.

(b) Family Foundations Promoting strong parenting partnership and parent mental health in the perinatal period Family Foundations (FF) is an intensive skills-based 10 session home-based program for both parents (mothers, fathers, same-sex couples) during pregnancy and the postnatal period. It aims to promote parent mental health and co-parenting support, and reduce couple conflict and harsh or hostile parent-child interactions. Unlike most home-visiting programs that primarily engage mothers, FF is delivered to both parents by two facilitators one female and one male as a father engagement strategy. It was developed and has been trialed by Professor Mark Feinberg in the US. Two randomised controlled trials of group-based FF have demonstrated moderate to large short- and long-term treatment effects on parent mental health, co-parenting support, partner conflict and violence, parenting behaviour, and children's emotional-behavioural functioning. FF is currently being piloted in Australia by our team in collaboration with several community organisations (e.g., drummond street services, Merri Health). Initial pilot findings are due to be released in late 2019. Early findings indicate very high satisfaction with the program by fathers, with excellent engagement, session attendance, and program completion. Investment in research and evaluation is needed to build the evidence base for intervention approaches targeting fathers' mental health, and to assess the cost-effectiveness and benefits for families and the healthcare system. "

### **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.**

"As per my response to Questions 1 and 2, our research has shown that attitudinal and structural barriers limit fathers access to mental health care in the early years of parenting. Our research has also identified the key risk factors or social determinants of fathers' mental health difficulties in the early years of parenting. This provides some evidence about what makes it harder for some fathers to experience good mental health in the early years of their children's lives. Risk factors for fathers' mental health difficulties in the early parenting period include: poor couple relationship quality, partner mental health difficulties, high work-family conflict, limited access to flexible job conditions and parental leave, financial difficulties, stressful life events, inadequate social support,

child sleep problems, poor physical health, and limited engagement in self-care behaviour (Cooklin, Westrupp, Stradzins, et al., 2016; Cooklin, Giallo, Martin et al., 2015; Giallo et al., 2013; Giallo et al., 2014; Seymour et al., 2014). It is also well established that adverse childhood experiences (i.e., child physical and sexual abuse, physical and emotional neglect, exposure to family violence and conflict, parent mental illness and substance misuse) significantly increase the risks of poor mental and physical health in adulthood (Hughes et al., 2017). Men who have experienced adverse childhood experiences are at particular risk due to poor health seeking behaviour, and are at risk of perpetuating the intergenerational cycles of poor health and relationship functioning. "

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

"Our research has shown that particular groups of fathers are at increased risk for poor mental health. These include fathers of children with sleep and settling issues (Giallo, Cooklin, Zerman et al., 2013), fathers of children with special health care needs and disabilities (Giallo, Seymour, Matthews et al., 2015) including autism (Seymour, Giallo, Wood et al, 2017a), and fathers of refugee and migrant background (Giallo, Lynch, Riggs et al., 2017). The lives of all these father groups are marked by significant life stress. Fathers of children with disabilities and chronic illnesses face significant challenges in parenting, coping, and in managing family life and relationships. Our research has also shown that they are often socially isolated and experiencing significant financial difficulties (Seymour, Giallo, & Wood, 2017b). Specific services and support for these fathers are required. Fathers of refugee background have often experienced significant human rights violations and trauma in their lives, and often face many ongoing settlement and acculturation stressors. As a result, they are at risk of mental health issues including post-traumatic stress symptoms and poor general health. Our colleagues at The Victorian Foundation of Survivors of Torture and Murdoch Children's Research Institutes' Refugee and Migrant Research Group have prepared a submission outlining the particular needs of this group of parents and what needs to be done to support them. "

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

"There is a strong relationship between partner mental health problems in the early years of parenting. Whilst it is not possible to infer causal mechanisms (i.e., does fathers' mental health difficulties increase mothers'/partners' mental health difficulties or vice versa), it is acknowledged that the mental health of couples and other family members are inextricably linked. The social health problems and stressful life events that occur for families can affect all family members' mental health. In the early years of parenting, couple- or family-based interventions, such as Family Foundations described in Question 2 have the potential to address risk factors for poor health that occur within the family unit, such as relationship difficulties, co-parenting differences, partner conflict and violence, and poor coping and health behaviours. "

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

"There is a clear need for professionals from the health and social care sectors to be trained and supported to: (a) engage with fathers about their mental health, and (b) provide father inclusive services. This is particularly relevant in services that are likely to engage with men who are fathers such as maternity care services, maternal and child health services, early parenting services,

playgroups and childcare services, and schools. There is an opportunity to begin this with preservice tertiary education and training of future health professionals. For example, Associate Professor Richard Fletcher from the University of Newcastle has developed a course on father engagement and father inclusive practice. There are also opportunities for professional development for organisations to skill up their workforce in father inclusive practice. Services such as Tweddle Child & Family Health Service, drummond street services, and Merri Health are actively attracting and employing male health professionals and peer support workers to: (a) engage fathers, (b) challenge stigma and attitudinal barriers to health care, and (c) deliver services. A better understanding of the benefits of father-inclusive practice not only for fathers, but also for their partners, children and whole families is needed, and can be achieved with investment in research and evaluation. "

**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?**

"With respect to reform ideas specifically addressing the mental health needs of men who are fathers in the early years of parenting, key priorities for change include: Strengthening father inclusive practice and mental health screening/assessment and referral programs in all universal health care services including maternity services and maternal and child health services. Provision of men/father specific health services and interventions such as Working Out Dads and father specific parent groups and playgroups. Public health messages/campaigns that challenge attitudinal barriers to accessing health care among men/fathers. Greater investment in research to build the evidence base for mental health care interventions and approaches to promote the mental health of men who are fathers. "

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

"With respect to promoting the mental health of men who are fathers in the early years of parenting, key actions that could be taken now to prepare for changes to Victoria's mental health system and support improvements to last include: Investments in evaluating existing programs and services that are currently being provided to promote the mental health of men who are fathers such as Family Foundations and Working Out Dads. Conduct research into existing intervention and support approaches to promoting fathers' mental health in health Undertake a needs analysis of workforce training and professional development needs in father engagement and inclusive practice. Investments in pre-service training and professional development programs focussed on skilling up the future workforce to engage in father-inclusive practice and engage fathers about their mental health Investments in partnerships between health and social care organisations and researchers to build the capacity of organisations to: (a) implement evidence-informed programs and services to promote fathers' mental health, and (b) engage in continuous quality improvement and data collection to gather evidence about change in fathers' mental health. "

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

"There is a significant gap in mental health care and support for fathers in the early years of parenting. It can have adverse consequences for fathers, women, and children. Poor mental health, substance misuse, and relationship difficulties are risk factors for family conflict and violence. Family violence is a major public health priority, and if we expect to reduce family conflict and violence and its impacts on women and children, we need to understand and recognise this as a men's health issue. Currently, health service use for mental health issues among men is low, and attitudinal barriers and stigma prevent men from accessing the mental health support. This needs to change so that men can access the support they need to learn the emotional regulation and coping skills to manage mental health symptoms and substance use, and reduce the likelihood of engaging in conflict and violence. We have an opportunity to engage fathers about their mental health and use of violence in the early parenting period when they may be open to change on behalf of and in service to their children and families. The references cited in this submission include: Cook, F., Giallo, R., Petrovic, Z., Coe, A., Seymour, M., Cann, W., & Hiscock, H. (2017). Depression and anger in fathers of unsettled infants: a community cohort study. *Journal of Paediatrics and Child Health*, 53, 131-135. Cooklin, A., Westrupp, E., Strazdins, L., Giallo, R., Lucas, L., & Nicholson, J. (2016). Fathers at work: Work-family conflict, work-family enrichment and parenting in an Australian cohort. *Journal of Family Issues*, 37, 1611-1635. Cooklin, A., Giallo, R., Martin, A, Leach, L., Strazdins, I., & Nicholson, J.M. (2015). What matters for working fathers? Job characteristics, work-family conflict and enrichment, and fathers' postpartum mental health in an Australian cohort. *Social Science & Medicine*, 146:214-22. Fletcher, R., & St George, J. (2010). Men's help-seeking in the context of family separation. *Advances in Mental Health*, 9, 46-62. Giallo, R., D'Esposito, F., Christensen, D., Mensah, F., Cooklin, A., Wade, C., Lucas, N., Canterford, L., Nicholson, J.M. (2012). Father mental health during the early parenting period: Results of an Australian population based longitudinal study. *Social Psychiatry and Psychiatric Epidemiology*, 47, 1907-1916. Giallo, R., Cooklin, A., Zerman, N., & Vittorino, R. (2013). The psychological distress of fathers attending an Australian Early Parenting Centre for early parenting difficulties. *Clinical Psychologist*, 17, 46-55. Giallo, R., D'Esposito, F., Cooklin, A., Mensah, F., Lucas, N., Wade, C., & Nicholson, J.M. (2013). Psychosocial risk factors associated with fathers' mental health in the postnatal period: Results from a population-based study. *Social Psychiatry and Psychiatric Epidemiology*, 48, 563-573. Giallo, R., Cooklin, A., Zerman, N., & Vittorino, R. (2013). The psychological distress of fathers attending an Australian Early Parenting Centre for early parenting difficulties. *Clinical Psychologist*, 17, 46-55. Giallo, R., D'Esposito, F., Cooklin, A., Christensen, D., & Nicholson, J. (2014). Factors associated with trajectories of psychological distress for fathers across the early parenting period: A national Australian study. *Social Psychiatry and Psychiatric Epidemiology*, 49, 1961-1971. Giallo, R., Cooklin, A., Wade, C., D'Esposito, F., & Nicholson, J.M. (2014). Fathers' postnatal mental health and child wellbeing at age 5: The mediating role of parenting behaviour. *Journal of Family Issues*, 35, 1543-1562. Giallo, R., Seymour, M., Matthews, J., Gavidia-Payne, S., Hudson, A., & Cameron, C. (2015). Risk factors associated with the mental health of fathers of children with an intellectual disability in Australia. *Journal of Intellectual Disability Research*, 59, 193-207. Giallo, R., Cooklin, A., Brown, S. Christensen, D., Kingston, D., Liu, C., Wade, C., & Nicholson, J. (2015). Trajectories of fathers' psychological distress across the early parenting period: Implications for parenting. *Journal of Family Psychology*, 29, 766-76. Giallo, R., Dunning, M., & Gent, A. (2017). Attitudinal barriers to help-seeking and preferences for mental health support among Australian fathers. *Journal of Reproductive and Infant Psychology*, 35, 236-247. Giallo, R., Lynch, C., Riggs, E., Yelland, J., Szwarc, J., Casey, S., Duell-Piening, P., Tyrrell, L., Vanpraag, D., Brown, S. (2017). The physical and mental health problems of refugee and migrant fathers: Findings from an Australian population-based study of children and their families. *BMJ*

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