The Royal Commission into Victoria's Mental Health System
Online submission

Dr Ines Rio
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Dear Commissioners

Re: The Royal Commission into Victoria's Mental Health System

Thank you for taking the time to consider my submission.

I commend the Victorian government in undertaking this Royal Commission, which signals its commitment to improving the lives of those with mental health problems and decreasing the burden of disease for individuals, carers, families and Victorian communities.

I am an experienced General Practitioner (GP) who has a number of clinical and non-clinical roles.
I work as a general practitioner at North Richmond Community Health, a multidisciplinary service, located within social housing. Although a universal service, we particularly address the health and wider care needs of vulnerable groups, including refugees, the homeless, those with mental health problems, ATSI people and those with drug and alcohol issues. It has recently commenced a trial of Victoria's first supervised injecting facility. Additionally, I work as a GP obstetrician at The Royal Women's Hospital, where I have a special interest in the maternity care of young women.

My relevant non-clinical roles include as the Medical Advisor for the City of Melbourne, Chair of North Western Melbourne Primary Health Network (NWMPHN) and Chair of the Australian Medical Association (AMA) Victoria Section of General Practice.

This submission is my personal submission and is not made on or behalf of any organisation or role.

In this submission, I will address the three areas of:

- Vulnerable Babies/Infants of parents with significant mental health illness
- Need to focus on people with serious mental illness
- The importance of the Patient Centered Medical Home for optimal whole person health outcomes

These are areas that in my experience, in many roles with many families and communities over many years, I believe there are significant gaps, great inequity in health burden and where investment will result in the greatest gains.

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1. Care and Development for Vulnerable Babies/Infants and Family Preservation

I have been providing maternity and family care for young pregnant women, young mothers and mothers over decades. Most of these women experience no significant problems or unexpected challenges in parenting and make wonderful mothers. However, there are some pregnant women and mothers who are particularly vulnerable and at risk. These women have often had, and have, multiple issues in their lives that provide particular difficulties for them to parent well. These include drug and alcohol addiction, mental health problems, homelessness, history of trauma, sexual assault and violence. These women are desperate to be the best mothers they can be. However the parenting and childcare support provided to them is fragmented, limited and usually only becomes intensive if it is demonstrated that their child is at risk. Meanwhile, their child is in a time critical part of their development, where a lack of good care may well result in subsequent negative lifelong consequences to that child, the family and society.

Victoria requires a comprehensive and targeted child care, development and family support model to break the intergenerational cycle of disadvantage and to improve the lives and opportunities of children of the most vulnerable parents; including parents with severe mental illness.

We know that there are some infants and young children of parents with significant mental health problems who are living in sub-optimal environments with their families, and that these children are missing out on the vital stability, care and stimulation needed for safety, good growth and development. We also know that placing these infants and young children in out of home care is not always the best solution, and that their parents require targeted intervention across multiple domains of functioning to help them to achieve adequate parenting capacity over the longer term. Based on a large body of Australian and international evidence that early child development is central to healthy and productive individuals, families and communities, is a critical investment and saves money in the longer term, and importantly for this Commission, decreases the incidence and effect of mental health and development problems.

In the year 2014-2015, of children receiving Child Protection Services in Victoria, almost 44% commencing intensive family support services were less than five years of age[1], with almost one third less than four years of age. Over the same time period in Victoria, more than 42% of children entering out of home care were less than four years of age. These children have experienced extreme vulnerability due to the family situation and parental characteristics. Parents of these children suffer from multiple challenges, including: mental health problems; substance use; family violence; homelessness; brain injury; intellectual disability; and, neglect.

The Child, Youth and Families Act now includes a time limit of 12 months for parents to stabilize their environment before their children are permanently removed from their care. These changes can be seen as a call for services to mobilize around parents' with severe mental health illness to improve their parenting and protective capacity so that families can have the best possible chance of providing good care for their children.

There has been widespread recognition that the current system has not adequately ensured the provision of the stable, nurturing environment needed for children in such vulnerable situations to support normal attachment, growth and development. The consequences of this for that person and the community are

[1] Australian Institute of Health and Welfare (2016). *Child Protection in Australia.*

dire and contribute to the intergenerational cycles of poverty and disadvantage that are too frequently seen in our society. At the same time it has been recognised that additional service options are required to enable parents and families to demonstrate that they can safely retain the care of their children, with the recent Victorian Auditor-General's Office (VAGO) report into early intervention services in particular recommending more services and better monitoring of outcomes.[2]

Where parents have significant mental health illness and there are significant concerns for a baby or infant's development and wellbeing that are subthreshold for removal, we need an effective model of child and family centred intervention to both ensure the needs of the baby or young child for care and development are attended to immediately whilst the parents simultaneously get the help they need to improve their health and wellbeing, situation and capacity for caring for their child.

There is a substantive body of international evidence that shows that quality early child care arrangements are advantageous to the development of children from disadvantaged backgrounds, preventing the perpetuation of disadvantage through subsequent generations.[3] [4] This evidence also attests to the immediate and lifelong benefits of good quality early learning opportunities in universal as well as early intervention children's services. The *Access to Early Learning (AEL)*[5] program is a current and evaluated program by Victorian Department of Education and Training targeted to vulnerable young children which has provided limited hours of supported early childcare placement for three year olds. This model should be developed to provide for the care and development needs of children in the first three years of life aiming to provide a substantive time of a child's week in a stable and positive child care environment, while simultaneously supporting effective health, care and support wrap around services for the child and parents to enable the improvement of the capacity of parents to provide the quality of care their children needs to develop their potential and supporting a child's developmental, mental and physical health.

It is supported by strong evidence that providing vulnerable infants and young children with such a stable and quality early child care arrangements during a substantial part of most days in their first few years of life would:

- Promote early attachment
- Provide the adequate and positive stimulation required for emotional, social, physical, language, communication and cognitive development
- Provide adequate nutrition to promote good health and normal development
- Promote infant's behavioural and emotional regulation
- Provide practical and therapeutic assistance to parents to build their capacity to provide appropriate care for their children
- Enable early detection & intervention to maximise a child's developmental, mental & physical health

[2] www.audit.vic.gov.au/reports_and_publications/latest_reports/2014-15/20150527-early-intervention.aspx
[3] https://www.abc.fpg.unc.edu
[4] https://www.evidencebasedprograms.org/1366-2/65-2
[5] Department of Education and Training (2016) *Access to Early Learning: Guidelines for 2016-2017*

Recommendation
That the Victorian government works with stakeholders to develop a child centred model of care, development and support so that the most at risk babies and infants of parents with severe mental health problems receive the care and stimulation they need for optimal development, whilst the parents simultaneously get the help they need to improve their health and wellbeing, situation and capacity for caring for their child.

I am able to provide information on a proposed model to develop and further evidence underpinning this.

2. Focus on people with significant mental health illness

My patients with high prevalence, low to medium acuity mental health problems are readily able to access the diagnosis, therapeutic interventions (including psycho-education, cognitive behavioural therapy and other behavioural and self-management strategies, medication, support and family therapy), support, monitoring and safety netting they require from me and the broader mental health care team of psychologists, social workers and mental health nurses are readily accessible via Primary Health Networks (PHNs) and privately.

However, the ability for me to access the care required for my patients with more serious and complex problems is much more problematic and the risks to them in not obtaining this much more serious. If my patient is so acutely unwell that they require immediate assistance, then this falls within the remit of a crisis assessment and treatment team (CATT). Even in such instances, the system is often poorly responsive; with time delays and suboptimal support, communication, clinical handover and accountability to the patient, family and GP.

Yet there are significant gaps for patients whose mental health problems or needs, diagnosis or care is too complex for me and the psychologist/mental health nurse/social worker to address alone. For many of these people, the expertise, input, oversight and contribution of a psychiatrist is required. Yet, unless a person has the ability to pay significant out of pocket costs to access private psychiatric services, then access to a psychiatrist is rarely possible. This is a result of public psychiatric outpatient services being decommissioned several decades ago, with no pathway to now directly access public no out of pocket assessment, advice or care by psychiatrists.

Additionally, my patients with serious mental health issues often have many other problems that require cross sector advocacy, care and coordination. These may include drug and alcohol addiction, gambling addiction, homeless, unemployment, relationship breakdown, problems with the justice system and parenting problems. As a GP, I need to access the case and care coordination to assist my patients to assertively access, coordinate and monitor such care and service provision.

It is easier to get care, support and advice for those with high prevalence and less serious mental health illnesses that it is for those with more serious mental health illness. This demonstrates a fundamentally flawed service model for mental health illness.

I would be able to provide more timely and better care for my patients with serious mental health issues if I was able to access the expert advice of psychiatrists and refer patients to them when needed. As PHNs currently provide psychologist and mental health nurse services for those of limited financial needs and this is well known and utilised by many GPs, a single access pathway would seem sensible, practical and efficient.

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Recommendations

That the Victorian government:

-Invests in psychiatrists to facilitate timely secondary referral/advice for GPs and care for patients with serious mental health illness in the community when needed. Primary Health Networks (PHNs) and area mental health services could enhance and integrate their service models to incorporate this.

- Provides care coordinators to work with GPs to assertively access, coordinate and monitor cross sector care and service provision for those with serious mental health illness

3. Support the Patient Centered Medical Home

People with mental health problems often have a higher prevalence of physical chronic illness, poorer physical health, greater health risks, lower screening rates and preventative health interventions. The increased burden of disease, higher mortality, lower life span and greater disability of people with mental health disease is also in large part due to these physical health issues. It is crucial that those with mental health illness have comprehensive, holistic, whole person, longitudinal medical and preventative care and that their mental health care is not fragmented from their other health care.

Additionally, as mentioned in Section 2, those with serious mental health issues often require assertive advocacy, access and coordinated service provision and care in areas that are not typically regarded as health sectors in order to best address their care.

There is strong international evidence the Patient Centered Medical Home improves access, coordinated care, comprehensive care and continuity of care with resultant improved health outcomes (including a decrease in mortality), an increase patient satisfaction and a decrease in cost and tertiary service utilisation.[6]

Recommendation

That the Victorian government works with the Federal government to develop strategies to support the Patient-Centred Medical Home for those living with serious mental illness.

Once again, I thank you for your taking the time to consider my submission and wish you all the best in the important task you have at hand to improve the lives of Victorians.

Yours sincerely

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[6] Wright, M. Continuity of care. *Australian Journal of General Practice*, 2018; 47:10.