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29th April 2008

Mr Elton Humphery
Committee Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Humphery

RE: Inquiry into mental health services in Australia

Further to the recent hearings in Melbourne, we thank the Senate Community Affairs Committee for its interest in the recently established Centre for Women's Mental Health at the Royal Women's Hospital.

We enclose some additional information about the Centre, including an extract from last year's Hospital Clinical Report; there is limited published material as yet due to the tender age of the Centre, with its Director in post for just over a year.

We also follow up below on some matters raised during the hearing.

Priorities for identified groups with mental health problems

The Committee asked about relative priorities for areas such as cultural diversity, young people and so on. Approaches to the needs of these groups do not necessarily require mutually exclusive or competing programs, but can be incorporated in a mental health plan, at least as a first step, by including ways of engaging with the relevant communities.

This includes developing relationships and referral pathways between mental health services and for example migrant resource centres, youth services and schools, aged care facilities and so on.

Further the development of training modules and continuing education for a variety of health professionals, including existing bicultural workers, youth workers, general practitioners and others has the capacity to increase the recognition of prevention and early intervention opportunities as well as encourage appropriate support and referral for service users with mental health problems.

These methods can be used with many identified groups.

On the other hand the question of indigenous mental health warrants more specific programs, along with indigenous health more broadly.

Stigma and labelling

There was some discussion about stigma and labelling. The abstract referred to in that discussion follows. This was a small study which reports the views of women

consumers of residential early parenting services in Victoria. Both positive (helpful) and negative (stigmatizing) associations with diagnostic labels of anxiety and depression after childbirth were reported by participants.

The paper was presented in Melbourne at the recent International Congress on Women's Mental Health. The full paper has been submitted for publication and will be available from the authors in due course.

Postpartum psychological distress. Women's Views about Causes of Common Mental Disorders and Consequences of Psychiatric Labelling

Rowe H, Oddy B, Fisher J

Key Centre for Women's Health in Society, School of Population Health, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne Victoria 3010

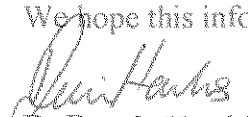
Introduction: Psychological disequilibrium is universal in the postpartum period as women adjust to new roles and responsibilities, and the losses of identity, liberty and financial independence in the service of infant care. For many this is exacerbated by severe fatigue and anxiety about infant behavior and caretaking skills. There is debate about whether severe psychological distress is usefully described using psychiatric labels or as an adaptive response to a difficult predicament. However, little is known about women's own views on these matters.

Methods: Follow-up opinion surveys were mailed to 94 women who had participated in an earlier study whilst admitted to a residential early parenting centre.

Results: Fifty women (53%) returned completed surveys. Identified causes of postpartum psychological distress were fatigue (53%), infant temperament and behavior (57%) and lack of support (47%). While many women supported the use of diagnostic labels to describe postpartum distress and 82% agreed that a diagnostic label would improve access to care, a substantial proportion recognised the potential harms, including that a label might lend a sense of permanence to an otherwise transient experience, or make a women feel a failure.

Discussion: This descriptive study provides preliminary evidence about the value of diagnostic labels for postpartum psychological distress and has implications for standard health-care. Given the social or situational causes of psychological distress identified by women, improved access to healthcare achieved through the use of diagnostic labels might be beneficial only if the treatment approaches are able to address the causes appropriately.

We hope this information assists the Committee.



Dr Dennis Handrinos
Consultant Psychiatrist
Royal Women's Hospital

Dr Christine Bayly
Associate Director, Women's Services
Royal Women's Hospital

In addition to the purchase of new equipment, improvements in services include:

- Involvement in establishment of an Early Pregnancy Assessment Service (EPAS).
- Introduction of sonographers into the department. Senior staff will be allocated to a supervisory and teaching role across the department, day care centre, other clinics and EPAS. This is currently being implemented and is expected to be completed by 2008.
- Development of an Ultrasound Credentialing Program across all areas of the hospital. The credentialing process for EPAS has begun and will be finalised in 2007. Other areas of credentialing will include gynaecology scans and third trimester growth scans and will be developed in 2008.

Mental Health

Increasingly it has been recognised that good mental health is fundamental to the wellbeing of individuals, their families and the whole population. Five of the ten leading causes of disability worldwide are mental disorders, with depression being the most significant of these. At the Women's, we are developing our mental health services following increasing demand.

Table 16: Mental health occasions of service

	2004	2005	2006
Inpatient referrals to Consultation Liaison Service	176	153	154

Data source: Consultation Liaison database

In 2006 the Women's received DHS/Philanthropic funding to establish a comprehensive Centre for Women's Mental Health in Victoria. Three key areas of concern support the need to specifically address mental health problems of women:

- gender is one of the main sources of social, psychological, cultural and economic inequalities in modern societies
- there are acknowledged characteristics of the assessment, treatment and management of mental health problems specific to gender
- targeted gender focused work as necessary to ensure delivery of appropriate mental health care.

The Centre will provide clinical and therapeutic services for women within a population health framework that takes into account the complex influences on mental health and encourages a holistic approach to improving mental health and wellbeing. The Centre will address the mental health issues of women across the lifespan from infancy to old age and will specifically focus on the way in which physical health contributes to mental wellbeing and the effects of mental health on physical health. Although our initial focus of necessity will be on treatment of those with mental health problems, the Centre's approach will encompass the entire spectrum of interventions from prevention to recovery and relapse prevention. This recognises that prevention and promotion efforts are necessary and complementary to core clinical interventions.

In addition, the Centre will assume a leadership role in mental health research, education and the provision of evidence based resources. Professor Fiona Judd commenced at the Women's in February 2007 to provide leadership for the new Centre. In the first phase of its development, the Centre will enable expansion of the existing mental health service at the Women's. Several new team members are being recruited to expand team capacity and to ensure that comprehensive and multidisciplinary clinical care is provided.

The Centre for Women's Mental Health will develop five discrete but complementary work streams. The first meeting women's mental health needs, will focus on extending the range of services offered to outpatients and inpatients of the hospital. This work will focus on maintaining the best possible mental health and wellbeing for women by supporting mental wellbeing, preventing mental ill health and detecting and treating mental health problems/disorders. In the first instance, service development will be focused on three areas, chosen as they are times of increased mental health problems, particularly anxiety and depression: pregnancy and transition to motherhood, cancer treatment and survivorship, menopause and midlife.

A second work stream secondary consultation will provide external and internal health professionals with access to expert opinion and advice and support regarding the care of women with mental health issues. The information and resources work stream will include the development of materials to support evidence based care provision, and consumer information regarding mental health and wellbeing. Education and awareness raising will focus on improving awareness and skills amongst internal staff, external providers and the community, so that mental health needs are better identified and managed and the profile of women's mental wellbeing is raised.

The final key area of work will be research and evaluation. This stream will expand research activity in the field of women's mental health and wellbeing. It will also include the ongoing monitoring and evaluation of the work of the Centre. The research agenda will reflect the priority clinical areas described above as well as being informed by currently defined national/international research priorities and known gaps in research within the area of women's mental health. Thus, it is anticipated that the research agenda will include but not necessarily be limited to the following areas: gender and mental health; pregnancy, neonates and motherhood; psycho-oncology; menopause, midlife and mental health; ageing women's mental health; and culture and women's mental health.

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BY SONIA HARFORD

Emotional rescue

A new women's mental health centre is setting the national treatment agenda for issues from cancer support to post-natal depression.

AMID THE CURRENT explosion in demand for psychological treatment, women and men often reveal starkly different disorders, according to a new centre for women's mental health.

In recognising the gender differences, the Centre for Women's Mental Health at Melbourne's Royal Women's Hospital aims to be a leading international body in treatment and research.

This week the centre starts work on two major programs focusing on women with cancer and those struggling with parenting.

Amid the fog of pain, isolation and fear of death, acutely ill cancer patients are not surprisingly vulnerable to mental illness.

"Thirty per cent of women with cancer will experience significant depression," says centre director Professor Fiona Judd. "Some very interesting work has been done looking at psychological therapy for women with breast cancer, which seems to enhance their outcome, in terms of quality of life and survival. We'd like to look at that with other cancers, to see if in ovarian cancer, for example, it can enhance the mental health of people and whether that has a flow-on effect for their physical health."

The centre's approach is timely. Judd points out that in our ageing population cases of gynaecological cancer are expected to increase by 15% between 2001 and 2011. Many are referred to Royal Women's, giving the hospital a unique opportunity for research, drawing on the large number of patients.

"This is a major centre for gynaecological cancers and for alcohol- and drug-related problems in pregnant women. And we're a specialist referral service for women with complicated pregnancy-related problems."

Apart from the cancer patients, Judd plans to examine mental illness in women at various phases of their lives, from pregnancy and motherhood, through to middle-aged women facing the major psychological and social changes of menopause, and older women with their own mental health problems. "Our programs will move across the life cycle."

Post-natal depression – still poorly recognised despite publicity campaigns – will also be addressed. Judd believes obstetric and gynaecology specialists should be further trained in the early detection of mental health problems. Among the 6500 births at the hospital each year, close to 10% of the mothers develop significant post-natal depression, with 1% to 2% suffering severe psychotic illness, she says.

"We know that about half the women with post-natal depression actually had ante-natal depression. It doesn't just start after the baby is born. If a women has a pre-existing mental health problem, relapse during pregnancy and in the post-partum period is very likely."

This week a psychologist will begin work on infant mental health issues. This program develops specific services for women with depression, who may have been abused as children, or been in violent relationships. "Early intervention may enhance [such a woman's] mothering skills, and give her baby the right start," Judd says.

"We also look at what might be thought of as biological differences. Cyclical hormonal changes women experience undoubtedly affect their mental health and wellbeing."

Judd's previous role was with Monash University as professor of rural mental health, based in Bendigo, and she has seen up close the issues of male depression and suicide, and the impact of drought and hardship.

She is encouraged by the readiness of many Australians to seek treatment. Recent Medicare figures showed an estimated one in 50 have sought subsidised mental health consultations. However, many rural people and women from some cultural backgrounds still struggle with inadequate services and stigmas attached to mental illness, Judd says.

A partnership between the Victorian government and the Pratt Foundation, which donated $2.5m, made the centre possible.

"We have the opportunity to extend our work much more broadly than within the walls of the hospital," Judd says. "There isn't another similar centre in the country, and we know there are women in regional areas who have mental health problems but don't have service providers. We need to support rural practitioners with training, advice and support." ●

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INCISIVE INSIGHT

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MAKING A DIFFERENCE
Professor Fiona Judd sees a gender divide in psychological problems

Psychiatric disorders

More frequent in women:
- Mood and anxiety disorders
- Eating disorders

More frequent in men:
- Alcohol and drug abuse/ dependence
- Anti-social personality disorder

SOURCE: CENTRE FOR WOMEN'S MENTAL HEALTH