Submission No 71

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Organisation: Junee Community Centre

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Date Received: 20 April 2018

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Committee on Community Services
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

20 April 2018

Dear Sir or Madam,

RE: Inquiry into support for new parents and babies in New South Wales

Please find attached a late submission on behalf of Junee Community Centre to be considered as part of your inquiry into support for new parents and babies in New South Wales. This submission has been compiled through our Junee Network for Women and Girls (JNWG) project. This project aims to build leadership skills and increase the civil participation of young women in our community who face disadvantage and marginalisation. The JNWG meets regularly and amongst other things looks for solutions to ongoing issues effecting women and girls in our local community. One serious issue is the lack of available and appropriate care for mothers and babies in cases where mothers have an acute or serious mental illness. We are fortunate to have members in the JNWG who have a lived experience of losing access to their children due to the lack of appropriate care and facilities to treat their mental illness in the post-natal period.

We believe that women with lived experiences often hold the keys to unlocking solutions to complex issues that affect them, and when provided with a platform they will actively push for change. With this in mind we ask you to please accept our attached submission which specifically addresses point *2. Changes to current services and structures that could improve physical health, mental health, and child protection outcomes* in the terms of reference.

This submission is the personal story of the very long and painful journey of one of our JNWG members who in her own words "has pretty much lost the chance to be a mum because of mental illness." Following this story are eight recommendations put forward by the JNWG and Junee Community Centre which we hope you will consider in order to make this story history and not someone else's future.

We would also like to be considered to have the opportunity to speak at the public hearing of this inquiry to give testimony as witnesses.

Yours sincerely

[redacted]

Jennifer Bruce
on behalf of JNWG

[redacted]

Amy Murphy
on behalf of Junee Community Centre

When I was young I had a turbulent upbringing. From the time I was born until being 5 years old my life was very unstable. My mum left me when I was a baby because she had mental health issues, my father started a new relationship which resulted in me being physically and sexually abused and ultimately being left in foster care for a period of time. I was then fortunate enough to go and live with my grandmother who cared for me until I was 17. Life was good with Grandma but during this time things remained complicated with Dad who moved in and out of different relationships which I found difficult to navigate. I blamed myself for the way my family had turned out which impacted on my school work and I found it difficult to keep friendships.

At 13, I was formally diagnosed with depression. Life was very difficult as I struggled to deal with the stigma of having depression and taking medications for it. I suffered from side effects of the medications, and sometimes I felt worse on medications than I did without them. I was hospitalised when I was 13 and 15 because of my mental illness. When I was 17 I was hospitalised again and this time I was an inpatient at the adolescent ward in the Austin Hospital, Victoria for 3 months. I was then moved to a residential rehabilitation unit in Wodonga where I lived for 2 years. It was a great two years in which I learnt a lot of things including everyday living skills, and how to manage my mental illness using cognitive behaviour therapy rather than just medications alone. For the first time I felt like I was in a family where the other residents and I could rely on each other and build each other up.

When I left the residential unit things started to deteriorate again for me. I found myself in an abusive relationship. After this relationship ended I met up with an old school friend. We got married in 2013 and our daughter was born in 2014 in rural Victoria. Even though I couldn't take my prescribed depression medications while I was pregnant I was able to keep my mental health reasonably stable until the birth of our daughter. I had complications giving birth resulting in a forceps delivery and heavy blood loss, and being my first baby I had no idea what to expect, particularly as I wasn't able to access any ante natal classes. At this point I had a lot of anxiety about caring for a newborn and because I couldn't breast feed I was getting a lot of negative reactions from some of the midwives which didn't help my anxiety. My mental health was now starting to deteriorate again and I was told I had the baby blues. I was discharged home after a week but three weeks later my husband lost his job and my daughter and I were forced to move in with my husband's family.

From here my mental health deteriorated quickly. I was not taking any medications as they had not been reviewed and I was under pressure from the family who told me I could manage without it. But I knew that something wasn't right because my daughter's cries irritated me and I began to feel that I wanted to hurt her to shut her up. I found myself at times having hatred towards my newborn, then feeling guilty about it and doubting whether I was a good mother. I knew that this wasn't healthy but I didn't feel that I could tell anyone about it for fear of judgement and I was concerned that FACS might remove my baby from me if I told professional workers. The Child and Family Health Nurse visited me at home twice only and told me I just had the baby blues.

Things escalated when my daughter was 3 months old. The family noticed that my behaviour and moods had changed and I told them what had been going on and that I thought I might have post-natal depression. They took me to the doctors the next day and the doctor suggested that I be hospitalised for a few nights to review my medication and to get things stabilised. However, because of my mental health history I was admitted to the mental health ward for two weeks and then provided with a bed in the recovery unit. By this time I was missing my daughter very badly having only seen her four times while I was in hospital. So instead of staying in the recovery unit for the scheduled 8 weeks I discharged myself home so I could be with my new daughter. The very next day I experienced psychosis while out at a shopping centre with my husband and daughter. She was screaming again, it got to me, the shopping centre was overly packed and with lack of sleep and

treatment, and my husband not knowing how to help me I threatened to harm her. The police and ambulance where called and I was taken away to hospital again. I stayed in hospital for 8 weeks. It was suggested that I be admitted into a mum and baby unit with my daughter but there wasn't a suitable unit that was available to take me. The only vacancy was in Sydney however, my husband was not allowed to stay there with us and therefore the family refused to let us go there. With no other options I went home again for six weeks struggling the whole time, and family where unequipped to help me. Local services didn't really help me and I found myself back in mental health ward of the hospital again for the third time in six months. This time things ended differently. I was told that I wasn't welcome back at my in laws house and husband left me but kept our daughter. With nowhere to go I stayed in hospital for nearly 3 months. Then I managed to get a private rental unit with the help of NSW Housing.

Since this time I have been trying to obtain proper access to see my daughter, firstly through trying to negotiate unsuccessfully with my ex-husband and his family, and more recently through the family court. It's been really hard not being able to see or know my daughter to the point where I couldn't walk into the room I had set up for her, or go anywhere where there were parents and their children – even a supermarket for example. I have lost contact with my family and lost my marriage because of the mental illness I experienced when my daughter was born. I continue to struggle mentally up and down with what has happened since.

I do know that there are changes that could be put in place to stop my situation from happening to other new mothers with mental illness in the future. These include:

1. Women with existing mental health issues having access to and a review by the mental health team on the maternity ward after giving birth. In my case I am very certain that such a review would have identified that I was suffering much more than the baby blues and resulted in a timely and accurate diagnosis of post-natal depression. If this had happened a plan for intervention and treatment could have been immediately put in place for me instead of three months later. This is a simple and cost effective strategy that could make a huge difference to the outcomes of mums, babies, and families long into their future.

2. There is fear in the community that FACS do not take kindly to people that have a mental illness. There is a real stigma around people with mental illness and their capacity to be able to parent. Whether or not this is a real issue inside FACS or just a perception the important point is that it stops women with mental illness from asking for help, seeking vital treatment, or acknowledging worsening mental health for fear of FACS removing their baby. This is further exacerbated in cases where mothers with mental illness require inpatient treatment and do not have family or friends to take care of their baby while they are hospitalised. In these cases FACS takes formal care of the baby who is usually placed in foster care.

3. An alternative to these costly, traumatic and potentially damaging arrangements is the introduction of capacity for 'Rooming In' (this is where babies stay in the same hospital room as their mother) for mothers with mental illness and their babies in tertiary public hospitals. These facilities are currently available in cases where families have private health insurance. However, with only 49.2% of 18-24 year olds, and 51.7% of 25-34 years old having private health insurance in 2014-15 (Australian Bureau of Statistics: 2017), many new mothers are solely reliant on the public health system for the care of their families. Information from the Australian Bureau of Statistics further identifies that people living in areas of high socio-economic disadvantage have the lowest levels of private health insurance in Australia at only 33.6%. This is so concerning as it demonstrates that people with mental illness who are

financially disadvantaged are more at risk of falling through the cracks when it comes to mental illness and mum/baby health care, which as my situation shows can have a long lasting and devastating effect on both mum and baby.

4. 'Rooming In' facilities need to be made available in **all** tertiary public hospitals not just select hospitals in metropolitan areas. This is vital to ensure that mums and babies in rural and regional NSW have accessible health care equal to those living in metropolitan areas of NSW. Even if mum and baby units were to be increased in metropolitan areas many people in rural areas cannot afford the cost of travel associated with attending them. It also creates a disconnect from the women's partner and any other children who are left behind at home in rural areas. Additionally, rooming in facilities would assist in supporting the important development of bonding between mother and baby which lasts a life time. Because of my situation and the inability for me to be with my daughter due to my mental illness my daughter didn't recognise me as her mother for a good 12 months. Even though we have now developed a bond she is now nearly four years old and the bond could have been a lot stronger had we had more flexibility with my treatment options when she was first born. 'Rooming In' facilities would be voluntary and not available to women requiring involuntary admission and treatment under the *Mental Health Act 2007*. 'Rooming in' facilities could be made available to new mothers with children aged 0-12 months who have acute mental illness.

5. The placement of rooming in facilities for mums and babies inside public tertiary hospitals needs special consideration. From my lived experience with mental illness these 'Rooming In' facilities would be best placed outside of the mental health inpatients ward, perhaps as a specialised area of a maternity unit. This would enable a safe, secure and normal ward like experience for new mothers that is focused on treatment of mental illness and development of mother/baby relationship rather than just on mental health alone. Regardless of their placement an important feature is a solid and functional interface between mental health, maternity, and paediatric staff, ensuring a multi-practice and multi-disciplinary approach to treatment. A potential cost effective starting point for the introduction or piloting of 'Rooming In' facilities in tertiary public hospitals could be having a model with a flexible bed available in maternity or paediatric wards that could be converted to and from a mum and baby bed as needed.

6. Once mums and babies are discharged from hospital a multi-practice and multi-disciplinary model of community care and support is needed to wrap around mum and baby to ensure that mum and baby are going along okay and mum's mental health remains stable. Unfortunately for me the two visits I received at home from the Child and Family Health Nurse had no focus on my mental health, focusing rather on feeding and baby weight, leaving my post-natal depression to remain under the radar. Community support for new mothers with mental illness needs to be ongoing and holistic and needs to include linking into other support services such as playgroups and community activities, as well as clinical treatment and monitoring.

7. Dads need to be involved and educated too. From my experience it was concerning that my husband was not allowed to accompany me to the mother and baby unit in Sydney which basically resulted in me being unable to go. I am aware that in many private hospitals partners have the option to also stay in the room with their wives and their baby. Fathers need to know how they can be there to help their partners and children, and have the practical skills to do this. At the moment many men are in the dark. A review is needed into the specialised support services available to fathers where their partner has post-natal depression or another serious

mental health issue. Soft entry service points are needed to actively engage and support fathers for example, support groups for men whose partner has post-natal depression or another mental illness.

8. The establishment of publicly funded specialised mental health individual advocacy services. It is my understanding that there is nothing like this available at present in NSW, and I certainly was unable to locate any individual advocacy service that could assist me after my daughter was born despite searching for one. Services like Access Line and Life Line (which I have phoned many times) don't provide advocacy and from my personal experience are very limited in their capacity to respond to individual needs.

It is important to note that the above recommendations require a cross departmental approach. Being the responsibility of both the Department of Family and Community Services and the Ministry of Health, a solid and ongoing working interface between these two agencies is required to truly generate the changes that are needed to improve the mental health of mothers with babies across all geographical areas of NSW.