



Secretary

Department of Health

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.health.vic.gov.au
DX 210081

BAC-CO-41943

Judge John Cain
State Coroner
Coroners Court of Victoria
Via e-mail: team3@courts.vic.gov.au

Dear Judge Cain

Investigation into the death of Lily Arbuckle COR 2021- 003672

Thank you for your letter of 27 November 2023, regarding findings into the death of Lily Arbuckle (COR 2018 003672). I was deeply saddened to learn of the circumstances surrounding Lily Arbuckle's death. I also understand you made findings about the loss of Lily's mother more recently. I express my heart-felt condolences to Lily's family for their profound loss.

In your *Findings into the death of Lily Arbuckle* on 11 July 2021, you made the following recommendations:

b) 'With the aim of improving the public health and safety, I recommend that the Victorian Department of Health - Maternal and Child Health Services introduce a process to ensure that Supervisors are automatically alerted if a primary caregiver scores 13 or above on a EPDS so that Supervisors can ensure that a plan is in place for managing the risk posed to the primary caregiver and their child.'

The Department of Health (the department) supports this recommendation in principle. Currently, the *Perinatal Mental Health and Psychosocial Assessment: Practice Resource Manual for Victorian Maternal and Child Health Nurses* (2013, reissued 2019) (the Perinatal Mental Health and Psychosocial Assessment Manual) does not clearly address the coroner's recommendation for ensuring supervisors are alerted where there is an Edinburgh Perinatal Depression Scale (EPDS) score of 13. It recommends that if an EPDS score is 13 or more, a referral for mental health assessment and local pathways to care should be considered. The Perinatal Mental Health and Psychosocial Assessment Manual also sets out that if a woman has a score of more than zero on Question 10 of the EPDS, the next step is to conduct a risk assessment to understand more about the likelihood of harm to herself or her infant and to determine the level and immediacy of the risk. Victorian maternal and child health nurses are required to consult with their senior colleague, if possible, where the woman is considered at a medium or high risk, and ensure local care and referral pathways are actioned.

The Royal Commission into Victoria's Mental Health System identified a need to review approaches to perinatal mental health screening (Recommendation 18.2). In response to that recommendation, the Victorian Department of Health commissioned a review of the relevant evidence. The key findings and recommendations of the review are to strengthen screening

practice, build workforce capability and confidence, and improve experiences and continuity of care. The work to implement the recommendations of the review will include the development of Victorian perinatal mental health screening guidelines, which will be informed by an external Expert Advisory Group. The department acknowledges that timely expert assessment and referral for people with increased risk, including those with a score of 13 or more on the EPDS, is critical and the coroner's recommendation regarding supervisor alerts will be referred to the external Expert Advisory Group for consideration.

The proposed Victorian perinatal mental health screening guidelines may inform updates to the Perinatal Mental Health and Psychosocial Assessment Manual.

c) 'With the aim of improving the public health and safety, I recommend that the Victorian Department of Health - Maternal and Child Health Services provide staff with regular training to ensure that they are familiar with the need to query infant safety following completion of question 10 of the EPDS. This education should be supported by ensuring that discussions of client responses to this question forms a part of regular clinical supervision.'

The Department of Health (the department) supports this recommendation in principle. As stated previously, the Perinatal Mental Health and Psychosocial Assessment Manual sets out that if a woman has a score of more than zero on Question 10 of the EPDS the next step is to conduct a risk assessment to understand more about the likelihood of harm to herself or her infant, and to determine the level and immediacy of the risk.

The obligation for staff to undertake training to ensure they are familiar with the requirements of the Perinatal Mental Health and Psychosocial Assessment Manual is set out in the *Maternal and Child Health Service Program Standards* (2009, reissued 2019). Standard 4, Criterion 3(b) which deals with performance development and continuing education, prescribes that a MCH service must support training and development of its workforce through a range of strategies. The basis of training provided to Victorian Midwives and Maternal and Child Health nurses for perinatal depression, anxiety and psychological care is contained in the Perinatal Mental Health and Psychosocial Assessment Manual. Perinatal mental health e-learning modules for health professionals are available from the Centre for Perinatal Excellence (COPE) and Perinatal Anxiety and Depression Australia (PANDA).

The department agrees that timely assessment of infant safety for people with increased risk is very important, and the recommendation of the coroner regarding training and clinical supervision will be referred for consideration by the external Expert Advisory Group informing the development of the proposed new Victorian guidelines for perinatal mental health screening.

The guidelines may inform updates to the Perinatal Mental Health and Psychosocial Assessment Manual, which in turn will inform training improvements.

d) 'With the aim of improving the public health and safety, I recommend that the Victorian Department of Health - Maternal and Child Health Services require health services to engage with secondary carers on at least one occasion in the pre-natal period for the purposes of providing education around signs and symptoms of post-natal depression, anxiety and psychosis and options for support, noting that this engagement should only occur after permission is sought from the primary carer to do so.'

e) *'With the aim of improving the public health and safety, I recommend that the Victorian Department of Health - Maternal and Child Health Services introduce an additional consultation into the Key ages and stages framework that requires MCH Nurses to proactively engage with the secondary carer for the purposes of providing education around signs and symptoms of post-natal depression, anxiety and psychosis and options for support, noting that this engagement should only occur after permission is sought from the primary carer to do so.'*

Recommendations d) and e) are under consideration. The department agrees with the intent of these recommendations, however, the precise policy outcomes that are most likely to achieve better knowledge for at-risk women and their secondary carers will be informed by the external Expert Advisory Group who will guide the development of the new Victorian guidelines for perinatal mental health screening. The department will update the coroner once the development of these guidelines is complete.

Currently, the *Victorian Capability Frameworks for Maternity and Newborn Services* outline that routine pregnancy care is to be provided in accordance with the *Commonwealth Government's Clinical practice guidelines: pregnancy care* (the guidelines). The guidelines describe what should be included in antenatal education programs, including education about *'emotional wellbeing and mental health during pregnancy and after the baby is born (maternal-fetal attachment, adapting to change, expectations, coping skills, knowing when to get help)'*. It also recommends *'discussing the benefits of partners and/or other family members attending antenatal education with the woman'* and provides links to mental health resources that can be provided as part of the antenatal care or antenatal education.

Also, the *Maternal and Child Health Service: Practice Guidelines* (2009 reissued 2019) and the *Perinatal Mental Health and Psychosocial Assessment Manual* require a focus on the emotional and mental health of both parents at each visit. The education is focused on sign and symptoms of postnatal depression and anxiety, developing a personal support network, where to get professional support, the importance of attending a GP for an assessment, and potential formulation of a mental health plan. Parents are linked to key websites for further information.

More information about the Maternal and Child Health Perinatal Mental Health and Psychosocial Assessment: Practice Resource Manual is available at <https://www.health.vic.gov.au/publications/perinatal-mental-health-and-psychosocial-assessment>.

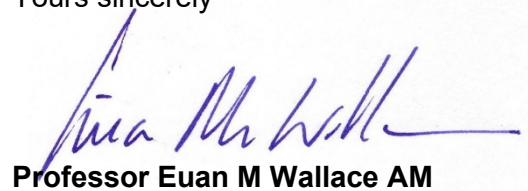
More information about the Maternal and Child Health Service Practice Guidelines is available at <https://www.health.vic.gov.au/publications/maternal-and-child-health-service-practice-guidelines>

More information about the Maternity and Newborn Frameworks is available at <https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria>.

More information about the Commonwealth Government's Clinical Practice Guidelines: pregnancy care is available at <https://www.health.gov.au/resources/pregnancy-care-guidelines>

I hope this information is of assistance to you. If you require any further information, please contact Kym Arthur, Executive Director, Women's Health at [REDACTED]

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Euan M Wallace', is written over a light grey rectangular background.

Professor Euan M Wallace AM

Secretary

05/02/2024