

## Submission to the Royal Commission into Victoria's Mental Health System.

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My submission relates to suicide prevention. This is an area I believe deserves priority attention as part of the Royal Commission.

In my experience, the current support services available to adolescents and children in regional Victoria are inadequate. A case example may illustrate this best.

An adolescent, John\* attended the local Headspace regarding self-harm and suicidal ideation. John attended regular appointments under the Better Access scheme, allowing him a maximum of ten sessions for the calendar year. Historically, when John was young, his older sibling (adolescent) took their own life. Upon meeting John's family, there were mental health concerns for both parents, and trauma and grief regarding their child's death.

During a session it was identified that John was suicidal. John was impulsive and opportunistic regarding his self-harm and spoke of doing something life threatening, such as jumping in front of a train. I contacted an ambulance to have John taken to hospital. The ambulance staff were exceptional in their manner and care.

John was taken to hospital and a parent met him there. John was advised that he could not be admitted, there were no beds for adolescents. John was advised he could pay for his own ambulance transport to another hospital in Melbourne. John left that day, without being admitted. In addition, his support people - his parents- were incredibly traumatised by their previous experience - their other child had committed suicide after being discharged from the same hospital. I later spoke with a staff member who advised there was a 'dead wing' for adolescent psychiatric patients at the hospital, unused due to poor design. I subsequently saw John pro bono and we managed his care collaboratively with an outreach worker from the hospital. John recovered and when we finished our work together he had no suicidal thoughts and had not self-harmed in 6 months.

In this example, the outcome was good. John did not die. But that should not be the only standard we base success on

Briefly, there are several particularly noteworthy aspects I hope this case example highlights. First, and most importantly, **the support service for him, could not provide the service.** Second, I continued to see John pro bono outside of inpatient care. This is not something afforded to everyone experiencing suicidal ideation and neither is it sustainable. Last, Headspace staff and the paramedics were exceptional, showing care and kindness to John.

In addition, I advocated to the Board of the hospital on behalf of John however received no response. This case example demonstrates that there are inherent and systematic failures within the public system.

The evidence for successful treatment suggests a restrictive environment such as a hospital is the least effective space for treatment. Evidence also suggests suicide risk is increased upon hospital discharge. Anecdotally for young people in our region, a hospital visit/admission is not viewed as an effective place for treatment or support.

A specialised centre developed specifically for individuals at risk of suicide or who have attempted suicide would benefit our region and others. A centre not based on a medical model. NSW will now be developing a site- the Suicide Prevention and Recovery Centre or SPARC (<https://www.lifeinmindaustralia.com.au/news/nsw-first-non-clinical-suicide-prevention-and-recovery-centre-to-be-trialed-in-sydney>).

Some components of such a centre could include

- the implementation of the Black Dog Institutes extensive research e.g. (<https://www.blackdoginstitute.org.au/research/lifespan/lifespan-strategies-and-components>)
- same day access
- drop in service
- established care pathways
- use of an electronic health record to ensure collaborative care
- thorough assessment processes
- family/support people inclusive assessment and education
- evidence based treatment practices
- utilising people's lived experience in service development
- utilising people's lived experience for employment and volunteering within such a support centre. Developing a social enterprise component, providing meaning, purpose and connectedness for clients in addition to a sense of belonging
- via volunteering/activities/social enterprise/engagement at such a centre, develop mentoring relationships with experienced, caring supports

My opinion is formed based on my experiences with young people. Young people feel a lack of compassion and connectedness when attending a hospital for suicidal ideation, self-harm or suicide attempts. Our local Headspace is a great example of strong youth engagement and is something that works well, however traditionally does not work with such a high-risk population.

In order to successfully prevent suicide, the impact of the relationship between support person/people, professionals and the client is so important. Accessing support or treatment can be hard, and if a person in our community does need support we have a duty of care to do much better than we currently are.

Thank you for providing an opportunity to influence the direction and shape of mental health support for Victorians into the future.

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i\* not his real name