

The Mental Health Royal Commission is long overdue!!

As a mental health clinician who has worked across the public and community based mental health sector we welcome this opportunity for consumers and providers alike to share their experiences. This is a critical time, I have watched many of my mental health colleagues leave the profession in droves, not because they are unskilled but because of the pressures and dangers that face them day in day. Mental Health Nurse in particular are highly skilled, yet poorly supported. They are also leaving their respective professions. Our consumers and our clients face tremendous risks because many clinical and psychosocial supports have been disbanded. Over the last 2 years there has been increasing pressure on tertiary mental health services. We have lost the Mental Health Nurse Incentive program. Mental health nurses with outstanding clinical and therapeutic skills who managed to treat and support consumers with complex and severe mental health disorders and allowed for clients to be cared for in their own environments are no longer able to do this work. We saw the disbanding of the Mental Health Support and Recovery Services MHCSS, other psychosocial services delivered by Mind, Neami and EACH are also gone. Partner In Recovery no longer exists, it is now geared towards NDIS. Many mental health clients will not receive the right supports under this scheme and others who submit their applications often don't receive NDIS packages. Our government is so out of touch and as a result our Mental Health Services are disintegrating at a rapid rate.

So where do our clients go? Many chronically unwell clients end up at the door steps of organisations commissioned by the Primary Health Networks (PHN) to provide mental health care, care coordination and support. The programs developed by the PHN are so out of depth with what we as managers, team leaders, clinicians, peer worker and care coordinators have to contend with on the ground. Having worked across the EMPHN and SEMPHN for several years I am becoming increasingly concerned about the way the PHN's continue to deliver services. I strongly feel that the PHN's require rapid review, particularly EMPHN under the leadership of Ms. [REDACTED] [REDACTED]. As a mental health clinician working under an EMPHN commissioned service I have observed EMPHN staff bully and harass their providers. They have set unattainable targets and KPI's. The funding given to deliver these services are not enough to meet the real life demands we see on the ground. Many consumers are being directly discharged from public mental health services with little or no supports before being referred out to programs like the "Stepped Care Model". These consumers are often chronically unwell and often have co-morbid medical and mental health condition that require specialist services, yet the PHN place higher and higher demand on their providers to deliver unrealistic outcomes. They use threats, fear and intimidation to force provider to meet targets. There is no compassion or empathy for the fact the consumers we deal with are at the severe end of the mental health spectrum. We face constant pressure and scrutiny to take more and more referrals and to discharge clients after 10 sessions. You simply can't achieve any recovery focused outcomes in 10 sessions! This not only put vulnerable clients at risk, but also leaves clinicians holding large case load and holding very risky clientele.

EMPHN are only focused on delivering funder centred service, rather than consumers centred services. There is no space for discussion or negotiation, no space for our voices to be heard. We need to have clearer understanding of how much money the PHN receives from the Commonwealth and how much of this actually goes towards commissioned service to be able to recruit staff and deliver efficient, high quality services for all consumers and to ensure that staff working within these frameworks are adequately supported both personally and professionally.

I urge you to take immediate action. We cannot work safely and effectively under this regime.

Kind regards,

Anonymous and concerned clinician