

2019 Submission - Royal Commission into Victoria's Mental Health System

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"Perhaps an advertising campaign that both acknowledges that mental health difficulties are common, and are not the fault of the people who suffer them. Dismiss the myth that a majority of mental health problems are caused by drug and alcohol problems, while also making a concerted effort to demonstrate that drug and alcohol problems are themselves likely reflective of mental health problems (rather than the other way around). An awareness campaign that introduces people to mental health clinicians and the work they do, demystifying this, and normalising seeking care. I.e. seeing a mental health clinician should be as easy as seeing a G.P."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"We have a reasonably well-trained and passionate workforce in the mental health field. Headspace services make accessing mental health support for youth with high prevalence mild and moderate mental health difficulties reasonably straight forward. However, there is no equivalent service to Headspace for adults and the freeze on rebates under the Better Access scheme, mean that out of pocket costs for clients has risen in the private sector. Unfreezing rebates under better access, and creating incentives for clinicians to see people from lower SES backgrounds would likely be helpful in this area. Perhaps thinking about how we can create a Headspace type service for adults could be useful too. Increased funding to public mental health at the state level is also necessary to provide timely and adequate care for people with severe and complex mental health needs."

What is already working well and what can be done better to prevent suicide?

"People tend to know about Lifeline and Headspace options when it comes to finding support services, which is good. However, poorly resourced acute mental health services in the community lead to services being less able to respond in a timely and adequate way in crisis situations. Public mental health services need more clinicians at the coalface to be able to work proactively against the threat of suicide."

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Current block funding model of state public mental health is problematic in that it leads structural inequity (there is inequity in terms of where resources are allocated across state public mental health services) and insufficient resourcing (it is expected that approx. 3% of the population will experience severe mental health difficulties, that may require input from public mental health services, I am told that current resourcing allows to provide a service to approx 1% of the population of Victoria). Poor resourcing of state public mental health services leads to: 1. Limited

access to acute mental health services in the community: I worry that crisis assessment and treatment teams are unable to respond adequately to the volume of people presenting to them. I worry that this leads to a culture within these services that over emphasises the personal responsibility of the presenting client to co-ordinate their own care, during times when they may not have the insight or capacity to do this. I worry that in a stressed and over-burdened system, clinicians at intake to services become aware of the lack of capacity of their services and inadvertently look for reasons to not offer a service to people rather than look at the needs of the people presenting to services. Additionally, I worry that a stressed and over-burdened acute system loses its ability to provide adequate care to people admitted in to the public mental health system while they are overwhelmed with managing intake in to the service.

2. Insufficient capacity at mental health inpatient units: Since I started at [REDACTED] almost a decade ago, there were 16 available mental health inpatient beds for 15-25 year olds in the entire North-West Region (just a reminder here that I am not representing this organisation with this submission-these are my personal views). Today, following a decade of growth in Melbourne's North and West corridors, there are still only 16 available beds. This must equate to a significant reduction in resources on a per capita level in real terms and I worry this leads to reduced access to mental health beds, and shorter and arguably sub-optimal treatment for people with severe and acute mental health illnesses.

3. Overwhelmed Emergency Departments: I worry that overburdened acute community and inpatient mental health services leads to significant increases in people with severe mental health needs presenting to emergency departments, which in turn have limited capacity to adequately deal with the volume and complexity of mental health presentations. I worry that this leads to people with severe needs being turned away from care during times of acute needs, and I worry that those admitted in to Emergency care do not receive best practices for treatment of severe mental health conditions.

4. Sub-optimal care provided in community mental health services: I worry that community mental health teams in the state public health sector tend to manage very high volumes of people with severe and complex mental health conditions with fewer clinicians than indicated. I worry that best-practice, cost-effective, evidence-evidence based care is unable to be delivered in this setting. I find it hard to believe that this would be tolerated in general health settings. There are volumes of research that indicate that assertive case management for people with severe and complex mental health needs (where clinicians have capped caseloads of 10-15 clients for a full-time workload) has better outcomes for clients, and is more cost effective for the health system generally when compared to standard case management where clinicians have full-time caseloads of 20-40 clients (e.g. [REDACTED]), yet I don't believe that we are close to being able to achieve this with current funding levels of community mental health. To improve this funding to public mental health needs to be dramatically expanded and restructured. I would advocate for a funding model that is worked out on a per-capita basis and takes in to account demographic and socio-economic factors that are likely to lead to higher levels of mental health problems. In community public mental health settings I would advocate for implementation of capped workloads for community mental health clinicians, so to promote and protect the ability of clinicians to provide best-practice and evidence based care to people with complex and severe mental health difficulties. I would advocate for a significant increase of mental health inpatient beds across youth and adult services, particularly in the North West of Melbourne. I would also suggest investing in building capacity of emergency departments to better work with drug and alcohol and people with severe and complex mental health needs. Further, I would advocate for significant investment in to acute services in the community, so that services area able to respond to community need in a timely and adequate fashion at both intake to the service and across the

tenure of care for clients in the service."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Poor resourcing of public mental health services leads to compromised working conditions in disadvantaged communities. I worry this makes it difficult to attract and retain well-trained staff, which in turn compromises the quality of care provided to disadvantaged communities. Additionally, drivers behind some communities in Victoria experiencing poorer mental health outcomes are many and varied. Access to good schools, hospitals, public transport, extra curricular activities is often inversely related to distance from the CBD. SES factors play a big role of course. Etc.etc."

What are the needs of family members and carers and what can be done better to support them?

"Where the public mental health system is unable to support the needs of people with severe and complex mental health difficulties, carers and families often pick up the slack. A more adequately resourced public mental health system would be better able to provide relief to families and carers."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"Better working conditions in public mental health. Primarily, capped caseloads of 10-15 clients in community mental health settings. Financial incentives to work in more disadvantaged regions, would likely also be of assistance."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"Vocational engagement and good physical health lead to better outcomes for people with severe and complex mental health needs. Better targeted assistance for people with mental illness to find work, would be of significant benefit to both consumers and the economy. Free membership to community gyms would also likely be a cost effective way to limit the burden to health system and promote engagement with the community."

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Well resourced public community mental health teams, that provides integrated and comprehensive treatment for biological, social and psychological needs of people with mental illnesses."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

Expand and restructure funding to public mental health.

Is there anything else you would like to share with the Royal Commission?

No.