

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

Organisation Name

N/A

Name

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

"Currently we treat mental illness as different to other illnesses by gross underfunding and under-resourcing. If you have chest pain, you'll be admitted to hospital, if you have heart failure you will be able to go to a cardiology outpatient department in a public hospital. From my experience as a clinician, currently if you are severely mentally unwell you will be unlikely to get access to psychiatric care apart from what a GP and psychologist can provide. Even if a patient is highly suicidal and has made an attempt on their life before, the most they can expect is a one off visit from the CAT team. They will generally not be admitted, they certainly won't be followed up by public psychiatry or case managed. Private psychiatrists are inaccessible due to affordability issues and the cherry-picking that occurs whereby they decline to take on more complex patients especially those with drug or alcohol issues. You really have to be psychotic to be taken seriously by the mental health system and all other patients with mental health issues, despite their often high level of acuity, are left for GPs to care for. Until mental illness is treated as akin to other medical illnesses, there will be ongoing stigma and discrimination. Unaffordable and inaccessible mental health care sends a signal to the community that people with mental illness are somehow less worthy of care and perpetuates the stigma that it is somehow their fault."

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?

"GPs are very good at managing mental illness and do the lions share of managing mental illness in our community. What is working well is the skillset that a GP has. What is not is that a GP is paid less the longer they spend with patients and managing mental illness well takes time. Prevention of mental illness involves managing a whole lot of societal factors better. Better drug and alcohol services, better public housing, support for victims of domestic violence, and better treatment of mental illness as severe mental illness in a parent has significant impacts on the children. I think the accessibility of GPs makes them the best first port of call for patients in the early stages of their illnesses. Allowing GPs the appropriate time to spend with patients would be really key here although I understand that GP funding is federal rather than state. It is important for the royal commission to note the important role of GPs in mental health despite the funding not being state based. Having the ability to refer to a psychologist under the better access scheme has also worked really well for early treatment and support of patients although accessibility to psychologist varies throughout the state and can be almost non-existent in rural areas. Although a focus on prevention and early intervention is good, not all mental illness can be actively prevented for instance bipolar disorder and schizophrenia. Prevention and early intervention should not come at the cost of properly managing severe mental illness."

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

"A large number of people who suicide never seek medical help. Removing the stigma of requiring

psychiatric help would increase help-seeking behaviours. Educating the public on the role of GPs in managing acutely suicidal patients would be of benefit as GPs are generally accessible and mostly affordable. GPs, however, must be properly supported. If the Crisis Assessment Team is required, they need to respond quickly and suicidal patients should be followed up by psychiatrist in the public health system. Apart from stigma, accessibility and affordability of psychiatric care are barriers to preventing suicides. My patients cannot access psychiatrists unless they are very wealthy and at the moment the public system is completely inaccessible. This requires a complete overhaul of public psychiatry. Public psychiatry outpatient departments should be established in every major hospital. GPs should be able to refer to these outpatients in the same way as we can refer a patient with heart failure to the cardiology outpatients or liver failure to the liver clinic. Suicidality is a serious symptom. So many patients who are currently suicidal and are actively help-seeking are not taken seriously by mental health clinicians, especially in the emergency departments and are not referred on to specialised psychiatric care"

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.

"Unfortunately at the moment services don't link together at all. Drug and alcohol services are separate to psychiatric services. Psychiatric services at the hospital, if a patient has actually been able to access them, often don't communicate well with the GP. Certainly as a GP, if I have concerns about a patient who is under the public psych team, it is nearly impossible to speak to someone over the phone about my patient. I spend upwards of an hour waiting for the crisis assessment team to get back to me when I phone them about a suicidal patient. I think stigma is a major issue regarding people's experience of mental health treatment. Unfortunately society still sees mental illness as that person's fault rather than a treatable medical condition. "

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

"Two communities come to mind: 1. low socio-economic groups. The reason for this is again affordability and accessibility. Public psychiatry doesn't take hardly any patients on and private psychiatrist cost several hundred dollars a visit. This is where having a psychiatry outpatient department in every major hospital that GPs can refer to could make a really big difference for communities such as this. 2. Rural communities. Increasing the rebate for psychology in rural areas may be useful or looking at incentives for telehealth. Increasing the health workforce in rural areas is a very difficult question which the government has long pondered and I do not know any easy answer."

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

Family members and carers are crying out for their loved ones to be properly cared for. They feel helpless in a crisis as their loved ones so often get knocked back from hospital admissions despite being suicidal. They feel scared that the worst will happen. They also want their loved ones to be managed well when not in a crisis so as to prevent the crisis in the first place. Until public psychiatry is funded and staffed adequately this situation will keep on occurring. So improving all the things I have already mentioned will significantly help family members and carers. It is possible that a helpline for family members could be established to give advice (although GPs also play a really important role here too). A helpline should not be at the cost of leaving the system

underfunded as changing the system will be far more beneficial to family members/carers than a helpline would be.

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

"Pay them as well as other health care workers. Value the work they are doing. Ensure they are having weekly debriefing sessions. There must be carers for the carers due to the intensity of the work they do and the traumatic things they often hear/see. From a GP perspective (12% of all GP consults are specifically for mental health, and GPs rate it as the number one presentation that they see), increasing the rebate for psychiatric consultations to better reflect the time they take would make a huge difference and would also make access to mental health more affordable. "

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?

To improve their social and economic participation they need to get well. The system must change as I have outlined earlier.

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?

"1. Every major public hospital should have a public psychiatry outpatients department which GPs can refer patients to in the same way as all other departments of the hospital have. This will mean a large injection of funds to get enough psychiatrists and psychologists on board. 2. Increase the number of case managers available to manage complex patients especially those with personality disorders. 3. Increase the number of acute psychiatric beds but have separate male and female units for safety reasons. 4. Lobby the federal government for a mental health item number allowing GPs to spend more time with their mental health patients. GPs are very good at mental health but have been starved of funds for years due to the medicare freeze meaning that most bulkbilling clinics are having to practice quick medicine to survive. 5. Drug and alcohol services should be co-located with psychiatric services. At the moment it is fragmented. If someone has both a mental illness and a drug and alcohol problem, no one wants to look after them."

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

My main concern is that GPs will be left out of the picture as they are federally funded despite the fact that they do the lions share of mental illness management. I think listening to GPs concerns about how the system currently doesnt work and how it could be improved is key to making lasting improvements that will work for everyone in the long run.

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

Thankyou for the opportunity to voice my opinions. Mental health has been the poor cousin to other medical problems for far too long and I am so glad this is finally being addressed.