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

SUB. 0002.0028.0128

Name
Anonymous

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

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?
N/A

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

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.
N/A

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

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

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

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?
N/A

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?
"Some potential beneficial outcomes/suggestions that maybe indicative of what ""good mental health care"" would look like: Updating of the Mental Health Catchment areas on the DOH website and how this can be better accessed by paramedics and the public, including making it more user

friendly Develop ways for paramedics to directly access and request police PACER units in the field oIncreased availability or PACER units oPACER to have a transport platform In field referral from paramedics to the Mental Health Nurses in Refcom Increasing the amount of mental health nurses in Refcom Further training for paramedics in mental health first aid Training to recognise when mental health patients can be appropriately referred to a GP Promotion of online support material for the public Ability for AV staff to call mental health clinicians directly for advice about best care, transport to hospital, availability of CAT in the ED, current waiting times for mental health assessments etc. This could allow Paramedics and patients to make more informed decisions about options, especially out of hours. Access to mental health histories from a centralised database i.e. my health record Decreasing ambulance transports to ED Funding for a specialised ambulance with mental health clinicians and police for high-risk transports similar to the one currently being trialed in London Ensuring that AV is providing patients with the best care and connecting them to services unique to their needs "

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

Is there anything else you would like to share with the Royal Commission?
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmary"" (World Health Organisation, 2013). The Lancet Commission on global mental health and sustainable development called on the global community to ""scale up services for people affected by mental disorders (including substance used disorders, self harm, and dementia)"", (Patel, Saxena, Lund, Thornicroft, Baingaga, & Bolton, 2018). Furthermore, the second objective in the World Health Organisation's Mental Health Action plan 2013-2020 is ""To provide comprehensive, integrated and responsive mental and social care services in community-based settings (World Health Organisation, 2013). In Australia, 14% of 4-17 year old will suffer a mental illness over a twelve month period (Hiscock, Neely, & Freed, 2018) and the onset of 50% of mental disorders occurs before the age of fourteen (Hiscock, Neely, & Freed, 2018). One in five Australians aged 16-85 experience a mental illness in any year and 45% of Australians will experience it in their life time (The Black Dog Institute, 2018). The Victorian Government has acknowledged the undesirable circumstances by funding a Royal Commission into Mental Health, the terms of reference which should be available by February 2019 (The State Government of Victoira, 2018). Large gaps in psychiatric services often force Emergency Departments (EDs) to become the de facto primary and acute provider of mental health care in the United States (US) (Larkin, Beautrais, Spirito, Kirrane, & Milzman, 2009). Epidemiologic data suggest that mental health patients are the fastest growing group of ED patients, with presentation rates to US EDs for suicidal behaviour increasing 50% from 1992-2001 (Larkin, Beautrais, Spirito, Kirrane, & Milzman, 2009).These trends are also reflective in Victoria, Australia From 2008-2015, mental health presentations to EDs by paediatrics increased by 6.5% per year, far exceeding the increase of non-mental health presentations (2.1% increase) (Hiscock, Neely, & Freed, 2018). Mental health presentations to EDs in the 2017-2018 financial year was 92,610, an increase of five thousand from the previous financial year. (Department of Health and Human Services, 2018). In 2015 one in ten (9.5%) of Emergency Medical Services (EMS) attendances in AV were for mental health presentations (Roggenkamp, Andrew, Cox, & Smith, 2018). The majority of these patients were transported (74.4%) however, interventions were provided by paramedics in only 12.4% of presentations and transports (Roggenkamp, Andrew, Cox, & Smith, 2018). The majority of these

patients (76.8%) had a documented mental health history (Roggenkamp, Andrew, Cox, & Smith, 2018). Mental health problems are a predictor of ambulance use, with 31% arriving to hospital via ambulance compared to 14% of non-mental health complaints arriving to ED via ambulance (Larkin, Claassen, Pelletier, & Carlos, 2006). Along with mental health visits; older age, urban ED location, insurance status, out of hours presentation (midnight to 0800hrs) and ethnicity were also associated with higher rates of ambulance use (Larkin, Claassen, Pelletier, & Carlos, 2006). The percentage of Ambulance Victoria attendances and transports specific to mental health for the last financial year is ~13% and, the overall workload of patients transported has increased for four consecutive years (Ambulance Victoria, 2018). The evidence is clear that pre-hospital involvement has a vital role to play in how patients access appropriate services for their unique complaints. Ambulance Victoria is moving away from the tradition of transporting every patient to hospital and becoming a conduit for connecting patients to the correct and appropriate care, with 14.9% of Victorian calls to 000 last year triaged by the referral service and connected to an alternative other than an Emergency Ambulance (Ambulance Victoria, 2018). Furthermore, EDs are usually stimulating environments, unable to provide the appropriate atmosphere for some patients with mental illness and, patients who require mental health care can disturb the routine and flow of the ED, placing greater demand on resources than medical or trauma patient (Hiscock, Neely, & Freed, 2018). In some cases the ED is not the most suitable place for a patient suffering mental health problems. In line with the WHO objectives to aspire to better community based care, Ambulance Victoria should liaise across the health sector to develop a strategy, screening and connectivity of services for patients whose complaint could be suitably managed with an alternative to transport to hospital. The process from triple zero call to arrival of the ambulance unit at the receiving hospital has several steps where interventions or other pathways could provide opportunity for change. What We Know: Currently, there are three reoccurring, complex themes regarding mental health patients and Ambulance Victoria. The sheer number of patients who have a mental health complaint who turn to 000 for assistance oParamedics have limited knowledge and training with mental health conditions even though it takes up a considerable amount of their workload oWhile most paramedics are adept at providing mental health first aid they do not have the specialist clinical training required to assess a patient's risk of deterioration in the same way they can assess physical medical conditions. Example: A 54 year old patient calls 000 as they have taken their blood pressure reading at home and found it to be high and are concerned. A paramedic can assess the patient's vital signs, ECG, medication compliance, social situation how high the blood pressure is and what factors can contribute to this and reassure the patient that the high reading is high but they are not likely or at risk of deterioration in the next 12 hours and should seek assistance from their GP in the morning. Compare this to a case of a 22yo person with nil medical history who is stressed about their end of year exams and are suffering from suicidal ideation. They confide in their housemate about their thoughts at 2am and their housemate calls 000 for assistance. As this patient is suffering suicidal ideation a paramedic cannot assess how likely they are to deteriorate and act upon their ideation, ranging from self harm to suicide. Paramedics do not have the capacity or confidence to make the decision that a patient would be best to see their GP in the morning and so the patient would be transported to an ED. Even with patients with diagnosed &/or chronic mental health conditions; out of business hours there is no direct way that AV paramedics can access a patient's regular mental health clinician to assist with in-field triage of this patient cohort. The default decision is to transport the patient to hospital ED. The majority of mental health patients that are transported by ambulance to an ED require zero active intervention from paramedics. This can lead to de-skilling of paramedics and also decreases in job satisfaction. The primary role of a Paramedic in the pr-hospital space is to help; intervene and assist a patient while transporting them to definitive care -

the place that the patient needs to be. In the case of mental health patients often Paramedics know that due to the demands on and in the hospital environment, transporting a mental health patient to an ED may not actually be the ideal place to connect the patient with the care and resources that they need. It could in fact be a detrimental experience and prevent the patient seeking help in the future. Apart from the acutely unwell patient that requires chemical and physical restraint, an uncontrollable hemorrhage from a self-harm wound or an overdose, this patient cohort are usually not 'time critical'. Given Ambulances are a finite resource many patients with non-time critical mental health complaints access 000 for assistance and due to the units being diverted to higher acuity cases; chest pains, strokes, car accidents these people can be left waiting for some time before an ambulance arrives. Then, when they arrive at ED the delay starts again as patients with physical conditions will be triaged and allocated a bed ahead of a person who is suffering a low acuity mental health issue. If this is the patients first contact with the mental health care system it leaves a horrible first impression that their condition and concerns aren't being given enough validation or attention that they require. Mental Health inpatient beds are limited in number and availability. Often an Emergency ambulance is required to transport the patient from between facilities e.g. ED to mental health unit. Some of these patients require ongoing sedation and restraint and are too volatile for transport without the aid of a police officer ?The receiving facility does not have the capacity to medically care for a patient who has received AV sedation and will not accept a patient with the level of sedation required for AV paramedics to safely transport in an ambulance. Police officers are unable to assist with the transport if it takes them out of their response area. Examples of transfers: The Alfred Hospital to Barwon Health (Geelong), Sunshine hospital to The Northern Hospital Epping, The Melbourne Remand centre (CBD) to Mornington Peninsula Hospital Frankston, Royal Melbourne Hospital to Werribee mental health unit. In the case of a patient who requires further sedation to be transported, this creates significant workload for Clinicians, Duty Managers and Communication Support Paramedics. There is flow on effect on in being able to manage workload and service demand and response performance. Patients who are under some form of care and due to behavioural, social or legal reasons are deemed unable to be managed in their current environment and 000 is contacted to transport these patients to a hospital ED. Dementia patients who are agitated and pose a threat to the safety of Nursing Home employees and other residents Severely Autistic or Intellectually disabled persons who are having an acute episode or presentations and a risk to themselves or others Persons in the remand or prison system. In these broad examples above emergency ambulance resources are often allocated to a case for some time, waiting for further resources to assist with transport or appropriate space in the hospitals to accept a mental health patient. This cohort of cases have negative effects on three keys areas of Ambulance Victoria; Best Care, Operational availability/resourcing and Health and Safety of our staff. What We Don't Know: How can an ambulance service respond to the ever increasing work load of mental health conditions presenting into the Emergency Medicine sphere and meet the expectations of the community. How Ambulance Victoria can provide the best care for these patients with the current capacity of the health system in which we work. How Ambulance Victoria can maximize service availably, decrease response times (both medical and mental health) by assisting patients suffering non-acute mental health issues navigate and connect to the suitable services. What are the processes and decisions that could be improved upon from the point that a patient calls triple zero to the decision to transport that patient to hospital via and ambulance. Can Ambulance Victoria trial or develop, using effective partnerships, a strategy to continuously improve how patients receive mental health support when calling 000 and potentially become a world leader in coordinated care. References Ambulance Victoria. (2018). Ambulance Victoria Annual Report 2017-2018. Department of Health and Human Services. (2018). Victoria's Mental Health Services Annual

Report 2017-2018. Victorian Goverrntment. Department of Health and Human Services, State Government of Victoria, Australia. (2015, August 3). Victoria's Mental Health Services. Retrieved December 2018, from Victorian Government Health Information: http://www.health.vic.gov.au/mentalhealthservices/ Department of Health, State of Victoria. (2014, August). Protocol for the transport of people with a mental illness 2014. Melbourne, Victoria, Australia: The Victorian Government. Hiscock, H., Neely, R. L., & Freed, G. (2018). Paediatric mental and physical health presentations to emergency departments Victoria, 2008-2015. Medical Journal of Australia , 208 (8), 348-353. Larkin, G., Claassen, C., Pelletier, A., & Carlos, C. (2006). National Study of Ambulance Transports to United States Emergency Departments: Importance of Mental Health Problems. Prehospital and Disaster Medicine , 21 (2), 82-90. Larkin, L., Beautrais, A., Spirito, A., Kirrane, B. L., & Milzman, D. (2009). Mental Health and Emergency Medicine: A Reasearch Agenda. Academic Emergency Medicine , 16 (111), 1110-1119. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingaga, F., & Bolton, P. (2018). The Lancet Commision on global mental health and sustainable develpments. The Lancet , 392 (10157). Roggenkamp, R., Andrew, E. N., Cox, S., & Smith, K. (2018). Descriptive Analysis of Mental Health-Related Presentations To Emergency Medical Services. Prehospital Emergency Care , 22 (4). The Black Dog Institute. (2018). Facts and figures about mental health. Retrieved from www.blackdoginstitute.org.au The State Government of Victoira. (2018). Royal Commission Mental Health Terms of Reference. Retrieved January 4, 2019, from Engage Victoria: https://engage.vic.gov.au/royal-commission-mental-health-terms-of-reference World Health Organisation. (2013). Mental Health Action Plan 2013-2020. Geneva: WHO Press. "