



Western Health

Office of Chief Executive Officer
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3rd July 2019

Penny Armytage
Chair
Royal Commission into Mental Health
By email

Dear Ms Armytage

Re: Victorian Mental Health Royal Commission.

Western Health is a large metropolitan health service servicing the health needs of one of the fastest growing populations in Australia. The west of Melbourne has a diverse and complex population of over 900,000 which is rapidly growing.

At present Western Health does not provide any Mental Health Services which is a gap that we feel needs to be addressed. Our population is served by a highly complex set of arrangements involving provision by North Western Mental Health, Werribee Mercy Mental Health, Orygen (under North Western Mental Health), as well as, the Royal Children's and Austin Hospitals for elements of Child and Adolescent Mental Health.

This complexity and fragmentation leads to significant issues in the sharing of information between all providers to provide the best care and experience to consumers in the West.

Western Health has, for a number of years, advocated for a more logical alignment and integration of both mental and physical health services to allow for better access for consumers. We are strongly of the view that linking mental and physical health services under a single provider could also aid in reducing the stigma associated with mental ill health as often the mental health services and facilities are seen as very separate and easily identified service areas.

Another way we feel stigma could be reduced is with the adoption of international campaigns from the geographies that have worked very well.

What makes it hard for people to experience good mental health and what can we do to improve this?

For Western Health, consumers, their family and carer's navigation and scarcity are the two biggest issues affecting the mental health experience. The care pathway in the west is very fragmented and with so many mental health services and providers, coordination is very tricky and challenging leading to delays in care. A major issue is the significant delays for the service across the board along with the service offering in both community and inpatient beds failing to keep pace with the changing needs and growth of the population.

In Western Melbourne we have the third busiest maternity service in the state, birthing over 5,500 babies each year and growing, with limited perinatal emotional support. If the estimates about prevalence are accurate with one-in-five perinatal women experiencing depression during pregnancy and the first 12 months following birth, access to support is crucial but limited. We have recently been given funding from the Department of Health and Human Services (DHHS) in 2018 to provide a service, but it is significantly under-funded compared to the needs we are seeing and the growth in the population in the west.

Emergency Department (ED) waiting is also another significant source of poor experience to mental health consumers. The ED is not the best environment for consumers to wait for long periods of time and in the west we have significant numbers of patients waiting over 24 hours to be admitted into a mental health bed. This has sadly been the case for a number of years now. Sadly any mental health consumer who needs to be admitted to an acute bed (excluding those who breach 24 hours waiting) will wait on average over 16 hours for a bed.

The investment in beds and community teams is changing but coming from a very low base in the west. The existing providers work with what they have but are out-paced by the growth rate and needs of the population.

Another significant challenge for consumers and especially family and carers is the fragmentation in Child and Adolescent Mental Health Services. These are very complex services to navigate and finding a service along with the delays and waiting times causes distress.

Alcohol and other Drugs also cause significant impact on the mental health of the local population and has been having a growing impact and multiplier on prevention and demands for mental health support.

What is already working well and what ideas do you have to better prevent mental illness and to support people to get earlier treatment and support?

The view however of Western Health is that improvements for consumers and community can occur through better integration, increased community services, support along with increased beds and infrastructure. Some of these improvements are already planned and are:

- **Crisis Support Hubs in Emergency Department.** As mentioned previously the wait in ED's is lengthy and not calming. At Sunshine we are currently building an integrated hub to support mental health consumers in a non-stigmatising way to ensure that both physical and mental health needs will be supported for all without diversion to specific locations or specific services. We feel this will increase the availability of the right specialists to support the whole needs of the patient / consumer. A similar model is being planned for Footscray as part of the redevelopment of the Footscray Hospital.
- **Dual Diagnosis Treatment Units.** Western has opened one of the first dual diagnosis treatment facilities for consumers with an AOD and mental health need. This service supports consumers in a recovery program, addressing the needs within a joint Western Health and North Western Mental Health Service. This is a significant development supplied by the DHHS to address the holistic need for the consumer as DDHS figures suggest 25% of these consumers with a mental health diagnosis will have a dual diagnosis involving mental health, alcohol abuse and substance abuse. This model has the potential to support the consumers who fall within these areas.
- **Western Healthlinks.** The Chronic Conditions Program run at Western Health for over 7,000 patients has led to progress and alternative pathways for these consumers who would re-admit to services a significant number of times per year. The use of technology, care navigators and focused support is creating real alternatives for this cohort of patients. Western Health feels that lessons learnt from this project and comparing it with experiences from community mental health services could create new approaches to care within the community. We also know that a significant number of patients with chronic conditions also have mental health issues and this program is proving to be a good mechanism to meet these issues positively.

What can be done now to prepare for changes?

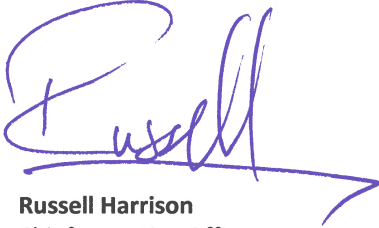
Better planning at all levels could support better change management and lead to more open conversations to address what models of care should be and where and who providers should be. Boundaries for services should be reviewed and changed as these have remained in place since the late 90's or so and lots of areas have changed since then.

Capital planning needs to be addressed as an urgent matter of priority. The lack of mental health inpatient resources is causing significant challenges to all. For the west we are well under the bed ratios of 1.41 beds per 10,000 population. This lack of available services will continue to place strain on consumers and families as care closer to home will not be possible.

Workforce planning should be addressed as a matter of urgency. Growth in services would be welcome but without a workforce consumers will not benefit. A workforce plan and delivery mechanism will help address this and prepare existing and developing workforce to support this complex group of service areas.

Western Health hopes that this submission has been useful to the Royal Commission, showing the complexity in the services provided in the west to consumers and provide some alternative approaches to these very historical models of delivery. Western Health welcomes the Royal Commission and looks forward to hearing how services could be improved to support consumers, families, community and staff.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Russell Harrison', with a long horizontal stroke extending to the right.

Russell Harrison
Chief Executive Officer

cc - The Hon. Bronwyn Pike Board Chair Western Health

11/15/11
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