Barwon Health

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Thank you to the Commissioners for the opportunity to provide a submission to the Royal Commission into Victoria's Mental Health System.

Part A: Barwon Health

1. *Mental Health, Alcohol and Other Drug Services available to residents of the Barwon Region*

Barwon Health Mental Health, Drugs and Alcohol Services (MHDAS) provides services to Victorians from large and diverse geography which approximates the City of Greater Geelong, City of Queenscliff, Surfcoast Shire and Otway Shire. The total population covered is approximately 305,000 people, with approximately 250,000 in the City of Greater Geelong. Notably, the City of Greater Geelong is experiencing faster population growth of any major city in Victoria (2.6% per annum). In our submission, we will refer to our catchment area as the "Barwon region".

The availability of mental health, alcohol and other drug (AOD) services varies across our region, with reducing access to local services the further away one lives from Geelong. Within higher density population areas (e.g. Geelong and surrounding suburbs, Torquay and the Surf Coast) various secondary and non-governmental services are available including:

- Community mental health organisations, including Headspace and Child First, providing commissioned mental health services and AOD rehabilitation services.
- Private mental health services, including private psychiatrists, psychologists, nurse practitioners, and social workers/counsellors.
- Charitable counselling services.
- Private psychiatric hospital services provided by HealthScope (the Geelong Clinic), including specialist general, alcohol and other drug and eating disorders programs.
- Private AOD rehabilitation services.

In smaller population areas, such as Colac and Apollo Bay in the south, and Anakie and Little River in the north, there are limited local private or not for profit services. For example, currently there are no private psychiatrists practicing in Colac or surrounding communities.

2. *Specialist Mental Health and Drug and Alcohol Services in our region*

Barwon Health is the sole provider of public mental health services in our region, and is the lead agency for the area AOD consortium. Service offerings provided locally include:

- Community mental health services:
  - Child and adolescent mental health services (0-15 years);
  - Jigsaw youth services (16-25 years);
  - Adult Community mental health services (26-64 years);
  - Aged psychiatry services (65+ years).
- Sub-specialist services:
  - Eating disorders services;
  - Complex care and forensic specialist services;
  - Primary mental health services;
  - Drug and alcohol services.
- Emergency mental health services:
  - General access triage services - 24 hour, 7 day week phone triage support;
  - Child and youth triage services – Business hours (Mon-Fri);
  - 24 hour, 7 day week service provided to University Hospital Geelong Emergency Department.
- Public inpatient psychiatry services (Geelong city):
  - Youth (18-25), Adult (26-64), Aged (65+) provided in Geelong (The Swanston Centre at University Hospital Geelong).
- Sub-acute & rehabilitative inpatient services:
  - Prevention and Recovery Centre (18-64 years). Ten beds for Barwon Health consumers in Geelong;
  - Continuing Care Unit (18-64 years). Ten beds for Barwon Health consumers in Geelong.
- Psychogeriatric nursing home services:
  - Blakiston Lodge – Oak Wing. Forty five bed residential facility for Barwon Health consumers in Geelong.

3. *Specialist Services available to Barwon Health consumers via defined referral pathways*

- Public inpatient psychiatry services;
  - High dependency & specialist intensive care inpatient beds (via referral to alternative services);
  - Eating disorders inpatient beds. Royal Melbourne Hospital;
  - Mother-Baby perinatal psychiatry beds, Werribee-Mercy Hospital;
  - Child (0-12), Adolescent (12-18) inpatient services available via Melbourne based hospitals (Royal Children's Hospital, Austin Health).
- Secure extended care unit:
  - Available through Ballarat Mental Health Services. Three beds available for Barwon Health consumers.
- Sub-specialist services:
  - Neuropsychiatry service. Royal Melbourne Hospital;
  - Victorian Dual Disability service. Melbourne;
  - Community Brain Disorders Assessment and Treatment service. Austin Health;
  - Forensic Mental Health services, Forensicare;
  - Personality Disorders Service, Spectrum.

Part B: Challenges

1. *Access to services*

(a) *Entry points*

The current mental health system is difficult to navigate for consumers, carers and referrers as there is no single source of information that can help guide service users in understanding what services are available, and what services would be appropriate for their needs. This issue is also relevant for referrers in primary care when assisting consumers in accessing appropriate services.

The difficulty in navigating access to appropriate services leads to at least three significant issues for consumers in our region:

- Consumers can't find the care they need and choose to not access care, leading to poorer psychosocial and health outcomes.
- Consumers are delayed in accessing appropriate services for their needs resulting in missed opportunities for early intervention.
- Consumers seek help from the emergency system (e.g. University Hospital Geelong emergency department, Colac Area Health urgent care centre) to access care, which is often not appropriate for their needs.

An average of 12 consumers attend the University Hospital Geelong emergency department to access mental health support daily. Total presentations for mental health issues at University Hospital Geelong emergency department have increased by 42% over the last three years. Many consumers seen in the emergency department report being unsure of how and where to access alternate, and more appropriate, supports. This confusion is heightened in the Geelong region due to greater difficulties accessing local general practice services.

Positively, programs such as PACER (Mental Health and Police) and the current PROMPT AV trial (Mental Health and Ambulance) are providing capacity for consumers to receive connection to mental health services in the community and avoid emergency department presentations. These services embed mental health clinicians with emergency responders (police, ambulance), such that initial triaging and assessment can occur at the point of care in the community. However, these services are high cost, are part of emergency responses, and often represent consumers in distress who may have avoided crisis with earlier intervention.

(b) *System Capacity*

Barwon Health MHDAS is not reaching expected population demand for specialist mental health services. We provide services to approximately 1,100 consumers (0.35% population) from the Barwon region at any point in time, well below expected population demand for those living in our community with a serious mental disorder (3%). System resourcing is currently not sufficient to meet demand in a comprehensive and evidence based manner. As a consequence, resources are stretched to meet increased demand.

(c) *Specialist Services*

Whilst it is ideal to have all services available locally to consumers, it is recognised that for some specialist services in areas where there are small volumes of consumers, it is necessary to create a smaller number of regionally rather than locally based highly specialised units to maintain high quality care. Where these units are not available locally, they should be made available to consumers from other areas via defined specialist pathways.

Currently, there is no definition of which services should be locally available, irrespective of population size, versus those that should be accessed in a different area or across a region via referral pathways. As consequence, access to tertiary level mental health and AOD services across Victoria varies depending on a consumer's residential address.

At the moment, consumers who reside in the Barwon region area can only access certain specialist services via defined referral pathways. Many of these specialist services are available locally in similar sized catchment regions. For example, consumers from our region do not have access to locally based specialist inpatient perinatal psychiatry (Mother-Baby unit), secure extended care unit (SECU) services, or specialist sub-acute services (e.g. Youth-PARC). Many of these services are available locally in similar sized regions (e.g. Bendigo).

Access to services via referral pathways is also difficult because of capacity issues, with services often fully utilised. Consumers are also often reluctant to access specialist services outside of their local area as it can separate them from local supports. Finally, accessing services out of area creates inefficiencies and risks through handover and transport. Problems in accessing out of area services, due to the issues outlined above, incentivises substitution of care or non-provision of care at a local level.

For example, for Barwon MHDAS, the difficulties in accessing children's inpatient psychiatric beds at the Royal Children's Hospital Banksia Unit has contributed to a practice of using general paediatric hospital beds at University Hospital Geelong which are not designed to care specifically for consumers with these needs. In addition, difficulties in accessing secure extended care unit beds for our consumers at Ballarat Health Service has contributed to extended inpatient admissions for consumers at University Hospital Geelong. The substituted use of Barwon Health's Continuing Care Unit for care despite this environment not being designed to provide security and support for these consumers.

There is a need for a state-wide service plan that describes what services should be available at a local level, as compared to those accessible through state-wide specialist service pathways, to facilitate appropriate access to required services for all Victorians.

2. *Health Service Funding*

Funding for mental health services is provided through a mix of grant funding and payment for activity (inpatient beds and consumer contacts). The funding does not necessarily cover the full cost of service provision. The funding is capped and insufficient to meet demand in areas such as Geelong which has experienced significant population growth. In addition, funding rates are not adjusted for higher costs of care experienced in some areas (e.g. more rural regions who experience higher costs as a consequence of covering large geographical areas). Grant funding is provided in an ad hoc manner that has limited flexibility and onerous reporting arrangements. Reform of funding arrangements is required.

3. *The Social Determinant of Mental Health and Special Populations*

The social determinants of mental health refers to common factors that are recognised to contribute to the development of all mental health issues. The social determinants of mental health are heavily linked to social inequality, and include factors such as early childhood neglect and trauma, poverty, social disenfranchisement, homelessness, disability and family violence.

In the Barwon region, the effect of mental health social determinants on our consumer group is substantial. This is particularly apparent for special population groups, including people:

(a) with complex forensic issues or comorbid substance use disorders;
(b) who are Indigenous Australians;
(c) who are homeless;
(d) who have an intellectual disability and/or developmental disability; and
(e) who are victims of family violence.

A major social determinant that perpetuates mental illness morbidity for consumers in our region is homelessness.

In the middle of June 2019, 60% of consumers admitted to our acute psychiatric unit and sub-acute units were homeless or had unstable housing. This is problematic for these individuals, impairing their ability to safely discharge into community care and prolonging inpatient length of stay. This also impacts other consumers by limiting availability of inpatient resources due to there being less overall inpatient capacity. Consumers without stable housing can be discharged to secondary homelessness (e.g. motels, caravan parks) and occasionally to homelessness, which impairs the ability to provide sustained community support that would enable recovery. Homelessness is a particular issue for those with other complex needs, including intellectual or other disability. Over the last 18 months, University Hospital Geelong has had at least three consumers with complex psychiatric, disability and psychosocial needs, who have had inpatient hospital admissions greater than nine months in duration due to a lack of appropriately supported housing.

4. *Workforce*

(a) *Training and Retention*

The lack of appropriately skilled people to work in mental health services is a significant challenge, particularly in regional and rural areas. Existing workforce planning efforts across all disciplines to recruit and train people to enter and commit to this work have been insufficient to meet current and future needs, with this having a significant impact on service provision and sustainability in the Barwon region.

In our region, we are unable to recruit adequate levels of consultant psychiatrists, and are reliant upon international recruitment and/or locums to provide continuity of service. In addition, of the seven psychiatrists we have trained to receive Royal Australian and New Zealand College of Psychiatrists (RANZCP) Fellowship over the past three years, only three remain with our service today. Those who have left have opted to work in the private system, noting the challenges working in public psychiatry.

Similar issues exist with recruitment of allied health staff (psychologists, occupational therapists, social workers). With the establishment of private practice opportunities with Medicare Better Access to Mental Health Care Schemes and the National Disability Insurance Scheme, there are now significant incentives for qualified mental health allied health staff to leave public practice for the private sector. Issues with workforce become more apparent with increasing distance from major city centres.

In our region, we do have positive workforce practices that are having an impact. These include:

- The Transition to Mental Health Nursing program, which has assisted nurses with general training to transition to a career in mental health.
- The partnership between Deakin University and Barwon Health in the Primary Mental Health Partners Clinic has provided a substantial training ground for regional psychologists, with the majority of our psychologist workforce emanating from this program.

- The commitment to a strong RANZCP psychiatry registrar training program has produced some local psychiatrists.

(b) ***The Safety of Work***

Increasing levels of violence, especially in inpatient settings, exacerbated by poor early access to services, poor access to intensive supports, and poor infrastructure planning, are significant contributors to poor staff retention. Mental health workers are exposed to significant levels of agitation, distress and violence.

In Geelong, the University Hospital Geelong site has reported such a high number of episodes of violence and assault that it has been designated a high risk public zone by Victoria Police which facilitates a rapid police response where required. Assaults, particularly in inpatient settings, occur on a regular basis, and are contributed to by a range of factors, including:

- acute psychiatric illness;
- drug intoxication and withdrawal;
- restriction of liberty;
- boredom;
- smoking bans in inpatient units;
- a lack of safe discharge options (e.g. due to homelessness) that contributes to prolonged admissions; and
- frustration and a lack of appropriate sub-acute options and supports.

In addition, a lack of appropriate early intervention and community treatment capacity means consumers are entering hospitals sicker than ever before, which increases the potential for violence and aggression.

Amongst other interventions, the likelihood of assaults occurring in the Barwon Health inpatient psychiatric unit would be reduced by:

1. Acute community based services that could provide early intervention and in-home treatment for consumers with problematic behaviours.
2. Mental health inpatient infrastructure upgrades to include provision of a high dependency unit and local secure extended care unit in the Barwon Health region.
3. Enhanced sub-acute bed based capacity, including Prevention and Recovery Care (PARC) models, in the Barwon Health MHDAS region to support early intervention and step-up support.
4. Enhanced drug treatment options, including inpatient detoxification and residential rehabilitation programs available in the local area.
5. Local crisis and social housing options for consumers experiencing homelessness to ensure timely discharge.

5. ***Telehealth use in Mental Health Care***

The use of telehealth and associated technologies has significant potential to improve access to mental health care, particularly to communities with limited local access to specialist services (e.g. regional and rural areas). At Barwon Health, there is untapped potential to utilise telehealth and other technologies to improve access to specialist services across the Barwon region and to support general practitioners in smaller population areas. There is a need to develop a coordinated plan to integrate the use of these technologies in area mental health services, including investment to create the requisite infrastructure. Success of such initiatives will also require consideration of how interconnectivity between electronic health records can be improved.

6. *Carer and Consumer Engagement*

Carer and consumer engagement should be viewed through two distinct lenses. The first is the engagement of service users and carers in the co-design of services, and the second is the development of the lived experience workforce.

We strongly support consumer and carer engagement, and believe that service development should follow principles of co-design as articulated in state and national mental health plans.

The development of the lived experience workforce is an opportunity that should be prioritised. At Barwon Health MHDAS, we are progressing a strong lived experience agenda which has included the appointment of a Lived Experience Manager and development of an expanding lived experience workforce. The continued development of this workforce would be assisted by:

- A state-wide plan to develop and support the lived experience workforce, including inclusion of this expertise into the state-wide service plan.
- Specific support for training programs and supports to encourage new entrants and workforce expansion.
- Directed resourcing to expedite the recruitment and inclusion of this expertise into service delivery models, across all mental health programs.

7. *Governance of Mental Health, Alcohol and Other Drug Services*

Mental Health, Alcohol and Other Drug Services benefit from being part of Barwon Health. Mainstreaming of services has helped reduce stigma associated with mental illness, and enhanced access to specialist general health services for our consumers. The benefits of being integrated include the capacity to share and leverage off a large health service, be advantaged by initiatives conducted in workforce development, research, infrastructure development and clinical and corporate governance. It also recognises mental health as a critical component of health.

Whilst acknowledging there are unique requirements within mental health services, such as distinct regulatory mechanisms (e.g. Office of the Chief Psychiatrist) necessary to the appropriate oversight of the *Mental Health Act 2014*, other aspects of planning, funding and policy should be integrated.

8. *Current Regulatory Structures*

Mental Health system oversight arrangements are complex and should be streamlined. The role of bodies such as The Office of the Chief Psychiatrist and The Mental Health Tribunal are well delineated. A number of other structures in place, including The Mental Health Complaints Commission, Community Visitors, The Office of the Chief Mental Health Nurse and Safer Care Victoria could be more coordinated and streamlined. For a service provider, it is not unusual to be asked to respond to four or more agencies regarding a single incident. This is time consuming and inefficient, taking away from time within services to improve the quality of care delivery.

9. *Key performance indicators*

Mental Health services are currently required to report on a range of indicators, including those relating to restrictive practice (seclusion and restraint), hospital readmissions and discharge follow up. These proxy measures do not adequately capture care quality or experience of care. Development of new measures that focus on understanding consumer experience, including via patient reported outcome measures, would provide greater insights into how care delivery could be improved.

Part C: Summary and Recommendations

1. We recommend the Department of Health and Human Services develop a "state-wide service plan" which articulates the mental health, alcohol and other drug services that should be available to all Victorians via area mental health services. Service availability should be informed by current and projected population size, complexity and factors related to the social determinants of mental health. The plan should describe which services should be available at a local level and which should be available via state-wide specialist referral pathways.
2. We recommend that the state-wide service plan should require regional mental health planning efforts are coordinated with Primary Health Networks, to develop a stepped-care model for mental health, alcohol and other drug services from primary care through to specialist care. This should facilitate a transparent service map and assistance for consumers to access the care most appropriate for their needs.
3. We recommend that the state-wide service plan is supported by adequate capital resourcing, including funding for information and communications technology.
4. We recommend that the state-wide service plan implements service delivery that is evidence based, safe, of high quality, and co-designed with people with lived experience.
5. We recommend reform of the mental health, alcohol and other drug services funding models. Funding models should incentivise quality of care, take into account the cost of care delivery, and be provided with sufficient flexibility to allow service delivery appropriate to local conditions.
6. We recommend development and implementation of a comprehensive, multi-discipline workforce development plan. This should include
   a. an emphasis on the development of the lived experience workforce;
   b. appropriate training opportunities, supports and career pathways; and
   c. efforts to address factors negatively influencing workforce retention, including addressing workplace safety in a systemic way.
7. We recommend streamlining of regulatory activities to ensure efficient sector oversight that assists services in providing high quality care.
8. We recommend the development of a comprehensive and meaningful set of measures and key performance indicators that accurately capture service access, health outcomes and experience of care that can be used to monitor and improve service performance.
9. We recommend appropriate investment into effective psychosocial support services and other initiatives that systemically address the social determinants of mental health. This includes, but is not limited to, investment in crisis and social housing, and efforts to improve physical health for mental health consumers.
10. We recommend greater investment in research integration into area mental health services, including development of specific clinical-academic positions within services.