AMA Victoria's response to the Victorian Government Royal Commission into Mental Health - Terms of Reference Consultation

27 January 2019

The Australian Medical Association (Victoria)

Further information to support the online survey response

Informing the Terms of Reference

The Australian Medical Association (AMA) Victoria welcomes the Victorian Government Royal Commission into Mental Health. This provides a unique opportunity to genuinely address and upgrade the mental health system, which has for many years struggled to meet the population growth and mental health needs of our population.

Victoria spends the least amount of money on mental health services per person than any other state or territory and has lagged behind the national average for the past 10 years.[1]

Twenty years ago, Victoria led the nation in mental health and disability services. Currently, Victoria is well below the national average in many areas of mental health services. Mental Health Victoria's landmark report '*Saving Lives, Saving Money*'[2] found that:

- Victoria has the lowest per capita expenditure on mental health in the country – 13 per cent below the national average;
- Only 1.1 per cent of Victorians receive clinical mental health care – which is a staggering 39 per cent lower than the national average;
- Over 90,000 Victorians experiencing severe mental illness each year do not receive the care they need;
- Only a very small proportion of the estimated 150,000 people experiencing severe mental illness each year will be eligible for the National Disability Insurance Scheme (NDIS); and
- Two out of every three young people in Victoria who need mental health services are currently being turned away.

After well over 10 years of underfunding in Victoria, we need genuine, substantial and recurrent funding and investment in mental health services across the state.

The Terms of Reference should:

- focus on re-designing the architecture of the state-funded mental health system
- focus on funding the state mental health system (including physical resourcing such as number of beds, and existing and new infrastructure)
- investigate how the state-funded mental health system can better meet the needs of all age groups and types/severity of illnesses
- explore the interaction between the community management of psychiatric issues, particularly in relation to general practice (primary care) and the interplay with psychiatrists
- explore how consultation-liaison psychiatry services could be better supported and expanded
- recruitment and retention of mental health staff
- explore optimal models of co-ordination of care and service provision between the state and federal government
- review national and international literature on best practice models of care in both the hospital and community setting
- address rural access limitations

[1] The Australian, *Southern psychiatrists crying out for acute-care beds*, 25 July 2018.

[2] Mental Health Victoria, Saving Lives. Saving Money. The case for better investment in Victorian mental health, June 2018.

Areas of Care to Address

1. ACUTE CARE, CRISIS AND EARLY INTERVENTION

Access to services – with consistently limited funding, access to mental health services has become the main challenge for patients / families / GP's. People who can be helped when their problems are low to moderate and early intervention would be of maximum benefit often have to wait until they are in crisis before a service is available.

Patients and families who talk to us describe getting one phone number after the next to call and often end up nowhere. From a clinical perspective, waitlists and bed pressures make some services virtually inaccessible, additionally many services do not want to take on complex and high-risk patients out of fear that something could go wrong, rendering these clients 'ineligible' for many community mental health services.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch[3] has called for both sides of the Government to urgently commit to invest in more public acute beds (477 beds to be precise, including over 100 acute beds)[4], and to prioritise evidence-based treatment in public mental health services (including psychotherapy).

The recent State Government priorities of – suicidal patients, drug and alcohol treatment and emergency presentations are also indicative of funding being sucked out of sub-acute and earlier phase treatment, and the cessation of maintenance and ongoing care that prevents relapse and repeated crises.

Early Intervention – Early intervention services should be offered for all age groups. This requires timely, specialised and comprehensive assessment and treatment – not only when there is significant risk.

Crisis services and drug and alcohol services should be effectively integrated with ongoing care services – crisis clinicians (suicidality, comorbid substance use) should be linked with ongoing therapeutic support to deal with stressors, and limit reactive crisis-based frequent presenters to the Emergency Departments of hospitals.

The interface between community and acute and inpatient care (CAT teams and Emergency Departments) is crucial and needs to be optimally functional, for a robust response to the most unwell and suicidal patients.

Consultation-Liaison Psychiatry – consultation-liaison psychiatry services should be supported and expanded. This sub-specialty deals mainly with the interface between psychical health and mental health, and can include many things (intellectual disability, autism and conversion disorder for instance, as well as physical conditions like respiratory and kidney disorders) and AOD. This service assists GPs because treatment starts in acute settings and there is regular and good communication with the GP, and this assists the patient and the GP to have a good management plan throughout the patient's journey.

[3] The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch, Promised Royal Commission supported but action needed now, psychiatrists say, 24 October 2018.

[4] The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch, Mental health: targeting new investment, 2018.

2. ONGOING CARE

Provision of ongoing care / continuity of care – ongoing care needed rather than the current intermittent, episodic care which is based on seriousness and risk as the reasons for care or admission. At present, once patients are more settled, they are discharged back to primary care where patients attend a GP and may be provided with a Mental Health Care Plan. However, these patients may not receive adequate support and then relapse, as they do and need re-admission again or acute public sector care.

AMA Victoria has previously explored and modelled practices that would prevent this revolving door approach and encourage continued stability and optimal care, while supporting general practitioners.[5]

Ensure clinical and medico-legal governance – support for genuine clinical skills, with clear access to expert assessment and psychiatrist-lead management of care (provides for medico-legal risk management and optimal support for clinicians and GPs)

Commence a review into options in the broader mental health system – The Victorian Government Royal Commission into Mental Health should consider: What are the barriers and challenges in the federal/state mental health system that lead people to fall through the cracks and miss out on adequate mental health care? Evidence based approaches should be sought to address these gaps.

Comparative research into the different systems – public sector vs private sector is needed, noting that there is a significant lack of research into the private mental health sector.

Any new model should be rolled out in trial centres with clear and extensive evaluation of accessibility, and assessed against a range of expected outcomes – clinical, functional, service KPI's (admission rates, relapse rates) and consumer based outcomes.

3. INFRASTRUCTURE

Genuine investment in mental health staff and developing the workforce – working in the mental health sector is labour intensive and requires experienced staff who are valued and want to stay in the system. The RANZCP Victorian Branch shows that more psychiatrists have been moving into the private sector over the recent few years.[6] There are notable descriptions of psychiatric nursing workforce shortages.[7] Experienced staff help to hold the system together and risk leaving if patients are turned away, families are frustrated, the system is underfunded and the workload is excessive.

Investment in the physical resources and architecture of the system (whether that be in the hospital or community setting) – any new models or systems must be evidence-based, and supported by qualified and experienced staff, like psychiatrists. Effective evaluation is important, as raised above.

Use existing infrastructure – such as public hospital mental health services, or general practice's ability to refer to psychiatrists and other experienced clinicians.

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[5] The Australian Medical Association (Victoria), Priority Goals for Victoria's Health System: Victorian State Election 2018, 16 October 2018.

[6] The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch, Victorian Psychiatry Workforce: Infographic, August 2017.

[7] Health and Community Services Union (HACSU), Better Mental Health Briefing, May 2018.

The Mental Health Act Review – AMA Victoria values human rights and self-determination. However, valuable resources in acute services, hospital wards and CAT teams will be used by patients who will remain in the system unwell and with ongoing risks if a robust *Mental Health Act 2014* is not utilised for an appropriate duration of time and in the right circumstances.

4. BROADER THEMES

Explore further approaches to eliminate discrimination and stigma - in the workplace and the broader community. People of culturally and linguistically diverse (CALD) backgrounds have difficulty accessing mental health services, due to language barriers and stigma. The aged also suffer increasing social and emotional isolation as friends and spouses pass on and adult children lead their own busy lives. The Royal Commission should explore geriatric mental health services and access to aged care psychiatry - and interaction with the dire state of the aged care health system.