8 July 2019

Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
VICTORIA 8006

Dear Commissioners

Royal Commission into Victoria's Mental Health System - Outline of Submission

This letter sets out Austin Health's submission for the Royal Commission into Victoria's Mental Health System (**RCMHS**).

It responds to the following questions posed by RCMHS:

- *What is already working and what can be done better to prevent mental illness and to support people to get early treatment and support?*
- *What makes it hard for people to experience good mental health and what can be done to improve this?*
- *What can be done to attract, retain and better support the mental health workforce, including peer support workers?*

1. Austin Health Mental Health Division

1.1. Introduction

Austin Health welcomes the opportunity to contribute to the RCMHS. As one of the major metropolitan providers within Victoria for the delivery of clinical mental health services, the organisation is committed to ensuring that our community members can access and receive treatment and care appropriate to their needs, at the time and in the place that they require it.

Austin Health has considerable experience in the delivery of mental health services, and works closely with the Department of Health and Human Services (**DHHS**), the community mental health sector, non-government organisations, and other health service providers to deliver high quality treatment and care across inpatient and community-based settings. Demand for mental health services in Victoria has increased, not just in relation to the number of people who need services, but also in the severity of illness. Drivers of increased demand include population growth, legal and illegal drug use, and heightened community awareness of mental health issues.

Austin Health recognises that the current mental health system is under enormous strain and in need of significant and urgent reform.

P. 03 9496 5000
F. 03 9458 4779
austin.org.au

145 Studley Road
Heidelberg
Victoria 3084

PO Box 5555
Heidelberg
Victoria 3084

1.2. Key mental health services provided by Austin Health

The Mental Health Division at Austin Health (**Mental Health Division**) provides treatment and support through a comprehensive range of teams and services to meet the needs of mental health consumers and carers throughout Victoria. It operates from all three sites; Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre, as well as at the Hawdon Street Community Clinic.

Services are provided to consumers residing in the north east of Melbourne, primarily in the Local Government Areas of Banyule and Nillumbik. These areas have a combined estimated resident population of 195,671 persons in 2018.

The Mental Health Division is responsible for the delivery of regional adolescent services in the Local Government Areas of Banyule and Nillumbik, Boroondara, Darebin, Whittlesea and Yarra, as well as a number of state-wide bed-based and community delivered treatment programs, including the Psychological Trauma Recovery Service and the State-wide Child Inpatient Unit.

The Mental Health Division employs 550 full time equivalent personnel, comprised of nursing, allied health and a small number of non-clinical team members alongside 22 full time equivalent Consultant Psychiatrists and 44 full time equivalent psychiatry registrars.

The Mental Health Division includes services provided under a number of program specific areas, delivering care and support from all Austin Health sites (with a total bed count of 177 beds), as well as in community settings in Heidelberg and Epping.

The Mental Health Division at Austin Health comprises four specific program areas:

- Adult Services, incorporating:
    - North East Area Mental Health Service (**NEAMHS**)
    - Acute Psychiatric Unit including Eating Disorders inpatient unit and Parent Infant inpatient unit
    - Secure Extended Care Unit
    - Community Recovery Program
    - Prevention and Recovery Care (**PARC**) program
    - Austin Drug and Alcohol Service
    - Mobile Support and Treatment Service
    - Perinatal Infant Mental Health Initiative
- Triage, Assessment and Intake Planning, including:
    - Crisis Assessment and Treatment Team (**CATT**)
    - Triage (Adult and Under 18s)
    - Psychiatric Assessment and Planning Unit
    - Consultation Liaison Psychiatry
    - Emergency Psychiatric Service
    - Police, Ambulance and Clinical Early Response (**PACER**)

- Child & Youth Mental Health Services (**CYMHS**):
    - State-wide Child Inpatient Unit
    - Adolescent Inpatient Unit
    - Community teams located in Heidelberg and Epping
    - CYMHS and School Early Action Program
- Speciality Services with a State-wide role, incorporating:
    - Psychological Trauma Recovery Service
    - Brain Disorder Program (including patient services and State-wide outpatient services
    - Transitional Support Unit.

All mental health services work within a clinical framework that promotes recovery oriented practice and supported decision making. This approach to client wellbeing builds on the strengths of the individual working in partnership with their treating team and, as much as is possible, encompasses the principles of self-determination and individualised treatment and care.

However, not dissimilar to other health services, the Mental Health Division of Austin Health is under strain and facing significant challenges. The way the system and services are funded and performance is measured does not always reflect, and therefore facilitate, recovery-focused care. Reform is essential to ensure that the system meets the needs of all people with mental health care needs, including those with complex needs and challenging behaviours, such as individuals on the Autism Spectrum and those with other intellectual disabilities. Many clinicians report feeling overwhelmed by a system that can be confronting and challenging. In many cases, the emergency department of Austin Health (as with other health services) is the last resort for patients with acute mental illness for whom no other agency or service is available or accountable. There is a significant need for a system wide reform that is holistic, contemporary and future focussed.

2. Strategy, governance and funding models

2.1. Strategic planning and governance

Victoria's mental health system currently lacks an overall State-wide strategic plan. Services across the system operate in an environment that does not support a coordinated and integrated approach. The system is also challenged as a result of a lack of planning and connection between the mental health system, the justice system and the forensic system. The challenges within the system are complex and the system itself is not sophisticated. Strategic leadership is required to effectively plan, fund and manage the mental health system.

The result is a mental health system which is fragmented, overstretched and is not meeting the needs of many consumers.

The current mental health system is designed to treat a small fraction of consumers requiring mental health services. These consumers are predominantly people with a serious mental health issue. The reason for this includes the fact that many clinical mental health services are set up to respond to crisis. Services are not structured to provide care and support for the balance of the population, including people who may suffer a form of mental health issue during their lifetime and people who experience lower risk chronic mental ill health. The focus of the system on a small number of consumers with serious mental illness means that the 'average' person is often unable to access the services they need.

The findings of the recent Victorian Auditor General's Office report into Child and Youth Mental Health Services (**VAGO report**) include the following observation:

> *DHHS has neither established strategic directions [...] nor set expected outcomes for most of its [...] funding. This key issue inhibits service and program managers from realising efficiencies and improvements to service delivery such as working to a common purpose, sharing lessons or benchmarking progress.*

Whilst made in the context of child and youth mental health services, this observation appears to be applicable across the breadth of the mental health system in Victoria. Performance data from the public mental health services across Victoria is rarely shared. The result is reduced opportunity to spread successes and learnings, improve the consistency of application of business rules and benchmark with peers across the State.

2.2. Geographical boundaries

Clinical mental health services across Victoria are provided in geographic catchment areas that were established in the 1990s. These complex catchment arrangements are outdated and misaligned with catchments for other government services.

The catchment which applies to a consumer is determined based on the consumer's place of residence. Consumers must attend the mental health service in their catchment area unless they require a specialist service which is not provided or available in that catchment.

The geographical boundaries which determine catchment areas apply to acute care, emergency care and community based care. Because of these boundaries, a consumer's place of residence impacts the types of interventions available to them.

The demand on Austin Health acute mental health inpatient beds in this corridor is such that, at any given time, there is on average five to seven 'out of area' consumers admitted to the inpatient setting. As a result:

- There can be an impact on consumer outcomes where discharge planning, follow up and continuity of care is affected because consumers are returning home to an area outside the boundary of the service in which they received inpatient treatment. This necessitates a transfer of care between health care services which can contribute to a lack of engagement with treatment and a higher likelihood of readmission to the inpatient unit;
- Performance, as measured via the current set of indicators, is somewhat outside the control of the health service; and,
- The opportunity for community engagement and follow-up with the Mental Health Division is missed, which can contribute to under-achievement against annual contact hour targets, attracting financial penalties for Austin Health.

As the VAGO report notes, there are issues with the performance monitoring system within the DHHS, which does not provide a mechanism for significant issues that require a system-level response (such as those associated with catchment areas) to be addressed.

In terms of access it is very clear that the treatment and interventions received are dependent on the area in which a consumer resides.

2.3. Funding

2.3.1 Funding models

Mental health services are funded through a block funding model, where a sum of funding is provided by DHHS for the health service to deliver an agreed number and type of services. Funding is allocated based on the previous year's funding for the relevant health service, with an uplift for the consumer price index. There has been no substantive review of funding for mental health services for many years. The funding model will benefit from reform.

Mental health services are not currently funded to reflect the actual activities being delivered by those services, nor for provision of a range of contemporary services required to meet the needs of the population. All other services provided through Victorian public hospitals are funded using activity based funding where the amount paid reflects the complexity and cost of the service provided. Activity based funding also allows for additional loadings for patients with complex needs or who are at high risk. There is no 'additional loading' available to mental health services.

Austin Health recommends that future funding for mental health services be provided using an activity based funding model similar to that applied to physical health services.

2.3.2 Evaluation of activities and trials

Good governance calls for robust evaluation of all activities and trials undertaken within the mental health system, with particular focus on identifying and sharing learnings from those events. Where a health service has made an attempt to improve services, or a discovery of a new way of overcoming an issue, there should be mechanisms in place for sharing or collaborating these breakthroughs and innovations.

Expectations should also be communicated in advance of activities for funded programs. Reporting against those expectations should be required within a reasonable period following completion with results and learnings promulgated appropriately.

For specific trials or programs Austin Health recommends, as a prerequisite to funding, that the relevant health service be required to provide a comprehensive business case, taking into account reports of any preceding or similar trials undertaken either at the applicant health service or by another health service.

2.4. Austin Health recommendations

Austin Health strongly advocates for an overarching strategic plan, underpinned by evidence-based performance measures and review and prevents ad hoc funding that has no depth or longevity.

This includes:

- Clear and strategic direction for the mental health service as a whole;
- Service expectations for each mental health service;
- The establishment of a transparent and equitable funding model directly linked to the delivery of services and includes provisions that account for risk stratification and complexity.

3. Workforce

3.1. Recruitment and retention

Attracting, training and retaining a sufficient and appropriately skilled mental health workforce, is a major challenge for health services in general. The difficulty in ensuring mental health services are safe places to work is a contributing factor.

The mental health workforce is inadequate for the vast service required. In particular, there are insufficient psychiatrists, allied health and specialist nurses available and willing to work within the public mental health system. Austin Health has, thus far, been fortunate to have a low turnover of staff and low attrition. This may be attributable to the geographical location of the service and the cohort of patients admitted.

Mental health workers are required to acquire a range of skills and knowledge within the workplace. Funding is required for development and training of mental health workers. A 'train the trainer' type model is one option that could build the skillset of workers whilst also providing career opportunities within the sector.

In a system founded on case management, highly skilled people, like mental health workers with postgraduate qualifications in mental health, face underutilisation of their expertise. Retaining fulfilled staff becomes a challenge in this context.

Development and opportunity is also constrained in some instances by rigid and restrictive enterprise agreements that inhibit flexible and responsive workforce management and deployment.

3.2. Occupational violence and aggression

Employees of the Mental Health Division provide a critical service in caring for the community, yet experience high levels of exposure to occupational violence and aggression. In some cases, the clinical condition of a consumer leads to violent behaviour. In other scenarios people exhibit anti-social behaviours and take action that is deliberate, calculated and intended to harm. These situations are often unpredictable. There has been a significant increase in incidents in the Austin Health Emergency Department and Mental Health Division where drug or alcohol related aggression and violence threatens the safety of health professionals and support service staff like security personnel.

In the twelve months commencing 1st July 2018, there were 270 incidents of occupational violence and aggression documented at Austin Health within the Victorian Health Information Management System for mental health, two-thirds of which were a result of physical aggression. Of serious concern is that a number of these incidents resulted in staff requiring attention in the Emergency Department. Organisationally, we recognise there is work to be done in terms of reporting and documentation of incidents. It is likely that the number of incidents is much higher, due to many events having been recorded as a clinical incident rather than occupational health and safety in nature. The impacts of these incidents include significant distress to our employees, their families and to those consumers who might have witnessed these actions. Occupational violence and aggression can impede staff from providing a safe and therapeutic environment for other consumers.

The cycle of violence and aggression is perpetuated in settings such as the Secure Extended Care Unit where there is a significant gap in the current state-wide guideline regarding the model of care and types of patients who can reasonably be expected to access such a facility. It seems there is an expectation that health services will accept individuals with severe mental health issues that the community has failed to effectively engage to prevent homelessness, drug and alcohol issues, criminal activities and imprisonment.

It is in settings such as the Secure Extended Care Unit at Austin Health that some of the most significant acts of violence and aggression occur. In the past two years alone:

- Four staff members have been physically assaulted by the same patient, who is then subsequently charged, sentenced, then returned to the Unit once the sentence period is finalised (not longer than three months in duration).
- One staff member was assaulted by a patient within 48 hours of transfer from another Secure Extended Care Unit, which refused the patient's return due to a severe and debilitating assault on a member of their staff.
- Two patients have been severely assaulted by a co-patient in the Secure Extended Care Unit, one resulting in an ICU admission and the other suffering facial fractures.
- A bedroom was set on fire by one patient – whilst this did not result in patient or staff injury, there was significant damage to the Secure Extended Care Unit, including damage to the entire air-conditioning/heating unit.

These incidents present a small snapshot of the scenarios that present within inpatient settings each day. Increasingly, mental health inpatient units are calling upon security and/or Victoria Police response to support the management of consumers presenting to mental health services exhibiting these highly volatile behaviours.

There has also been an increase in individuals who are bailed to hospitals following incarceration, due to mental health concerns. Magistrates do not have the authority to make a clinical decision that a person is mentally ill and yet, the health service system has no choice but to accept these individuals when they present to the Emergency Department or mental health service.

Seclusion is only an option within secure forensic facilities. In hospitals people, including those who cannot live safely in the community (either for their own safety or that of the community), must be managed within the human rights framework. Even where these patients are a risk to others in emergency departments and wards, the law clearly requires that the hospital and staff observe human rights.

Whilst the above outlines incidents as they pertain to adult units, similar highly aggressive episodes occur within Austin Health Child and Youth inpatient settings. Clinical staff are frequently subjected to verbal and physical abuse. Austin Health is increasingly concerned about the impact that these acts are having on the health and wellbeing of staff and the level of risk posed to individuals, and indeed the organisation overall, due to the lack of a suitable solution to these issues.

It is increasingly difficult to simultaneously comply with the Victorian *Occupational Health & Safety Act* (2007), the *Mental Health Act* (2014) and DHHS expectations regarding restrictive interventions. In combination, this is contributing to the considerable challenge for health services in ensuring a safe working environment. Importantly, the most unwell and difficult to treat consumers cannot receive the help they need in a stable and safe therapeutic environment due to the high levels of violence and aggression in inpatient settings.

3.3. Austin Health recommendations

Austin Health advocates for consideration of the following elements in relation to attracting, retaining and supporting the mental health workforce:

- System level strategic leadership to build a flexible, appropriately skilled and sufficient workforce;
- Support and funding for workplace training and development of career pathways and options:

- Address factors impacting occupational health and safety via –
  - Fostering collaboration between the justice, forensic, social and health systems
  - Ensuring model of care and guidelines account for the safety of the workforce and community.

4. Navigation of the mental health system

4.1. The role of the Emergency Department

In the twelve months since July 2018 there have been approximately 3,189 people present primarily due to mental health issues to the Austin Health Emergency Department. Of these, 587 were then admitted as inpatients to the Mental Health Division.

Consumers presenting to the Emergency Department will be connected with the mental health triage system, which is the initial process to determine whether a person needs further assessment by a mental health service, including the type and urgency of the response required from both mental health and other services.

The triage process can operate as a gateway or blocker for those who do not suffer acute or serious chronic mental illness. Ensuring that Emergency Departments are able to appropriately triage all patients according to their presenting issues remains of ongoing importance to ensure the provision of quality health care and that people are able to receive the correct treatment for their presenting issue.

Many patients with mental illness do not have access to the mental health system or they cannot afford it. The mental health system is designed around severe mental illness such as schizophrenia and bipolar disorders. It is neither accessible nor easy to navigate for patients who do not fit into those specific categories. We have observed that people who are repeat presenters at the Emergency Department learn how to use language and behaviour to access the mental health system more readily than others.

4.2. The Paediatric Medicine perspective

Austin Health operates a 16 bed paediatric ward and paediatric specialist clinics which provide admitted and non-admitted specialist care for patients aged 0-18 years.

Many patients admitted to the ward present with a serious mental health concern such as suicide attempt or conversion disorder, or have significant mental health co-morbidities such as anxiety or parental depression. There is currently no funded child psychiatric consultation liaison service at Austin Health which limits the opportunity for timely assessment and intervention that may assist young people and their families to access the care they need to optimise their health and well-being.

The majority of young people presenting to general paediatric specialist clinics with mental health concerns can be managed safely in that environment. Where escalation of care is required, referral is made to CYMHS. The CYMHS is over-stretched and constrained in the services they are able to deliver. As a result, consumers can experience suboptimal service and extended wait times.

Austin Health is experiencing growing demand for the child and adolescent eating disorder program. There appears to be a lack of strategies and options in the community for prevention and early intervention. Wait times for specialist care are growing with demand. In combination, these issues may compromise the health of the young person, increase the likelihood of inpatient admission and impact recovery outcomes.

4.3. Lack of escalation pathways

There is a lack of escalation pathways for many social and health issues which are associated with mental illness. All acute inpatient units face the challenge of managing bed demand for incoming patients alongside the challenge of ensuring safe discharge.

Hospitals experience particular challenges in ensuring safe and appropriate destinations to which patients can be discharged following inpatient care. Contributors can include limited accommodation options, lack of family support, compromised financial means, environmental impacts on drug and alcohol use and forensic matters.

This issue has become particularly prevalent with the introduction of the National Disability Insurance Scheme (NDIS). There are many middle-aged patients who have mental illness concomitant with, or in addition to other disability who have been looked after by their parents in their home. When these parent carers become elderly they can find it difficult to manage their sons and daughters. These patients are brought to the Emergency Department when their behaviour deteriorates and their parents are no longer able to look after them. Many of them suffer from pervasive development disorders and are violent, exhibit intolerable behaviour and are deteriorating as they age. Their treatment may include medical or physical restraint. Once acute treatment is completed, people exhibiting ongoing complex and compromised behaviours associated with disability are unable to be discharged. There is a lack of appropriate community care options.

The lack of escalation pathways is a serious issue. The mental health system needs a long term solution for people who cannot safely live in the community. For some of these people, all heathcare treatment options have been exhausted and no therapeutic goals can be identified. Some patients are treated, discharged into the community, become violent and spend time in prison on a regular basis; these are the people no-one wants to talk about. When these patients present at the Emergency Department, their admission is escalated to DHHS. Whilst DHHS may support a decision not to accept a patient in certain circumstances, the Chief Psychiatrist's instructions are contrary to this. As a health provider, we cannot refuse a health service. This impacts on staff morale and safety.

An acute mental health ward is a sub-optimal environment for people with untreatable conditions or those for whom acute treatment is complete. In addition, managing these patients in a ward environment is disruptive to other patients.

As stated above, prisoners who suffer from mental ill health are bailed out to hospitals, particularly over the weekend. Magistrates do not have the authority to make a clinical decision that a person is mentally ill. This is a particular issue where a child or adolescent is presented to court and needs a referral to a child or adolescent mental health unit. Children under child protection orders are also sent to the hospital to be managed through the emergency department.

4.4. Related social and community issues

Mental health problems increase exponentially when there are other indicators of vulnerability such as unstable housing and poverty, neglect and abuse, intergenerational trauma or developmental disabilities.

There is a need for a multi-sectoral approach to all mental and other health, behavioural and social issues.

4.5. Role of community care

Evidence shows that for people experiencing mental health issues (except those with acute mental episodes who require hospital admission) being connected with others at home and in communities aids their recovery. This is in part because hospital treatment is, out of necessity, assertive. Care needs to be available before patients experience acute mental illness and present to emergency departments.

Austin Health supports expansion of community services and resources to better meet the needs of a larger proportion of the population.

4.6. Other therapies

There is now a significant emphasis within the adult mental health sector to work within a recovery based framework that includes strong principles of patient self-determination, systemic practice and focus on the whole individual rather than a singular focus upon the person's mental illness. The adult mental health system in particular has limited capacity to explore alternative therapies such as music therapy, art therapy, mindfulness and trauma based yoga therapy. The limitations within the funding model contribute to the challenges for the adult mental health sector in delivering recovery based care. At present the funding structure for the adult mental health system continues to focus upon acute treatment with a primary emphasis on the role of diagnosis and medicalised treatment. Whilst it is acknowledged that medication often has a primary role in the improvement of symptoms associated with low prevalence disorders the effectiveness of this treatment is enhanced when additional therapies are able to be incorporated into the treatment planning with the patient.

4.7. Austin Health recommendations

Austin Health advocates for consideration of the following elements to improve the health of the population through timely access to appropriate care and support:

- Enhance community based access to prevention, early intervention, treatment and support services that better meet the needs of the population;
- System design that supports a whole of individual focus and recovery based framework;
- Build multi-sectoral connection and collaboration to foster a holistic approach to health and wellbeing including mental, physical, behavioural and social elements;
- Develop a shared, consistent position and escalation pathways between mental health, justice, forensic and social services;
- Resolve long term residential solutions for people who cannot live safely in the community.

5. Concluding comments

A successful mental health system needs strong strategic leadership, good governance, an activity based funding model, collaboration between public specialist mental health services and clear methods for monitoring the performance of mental health service providers.

It also needs to provide clear pathways for consumers who require access to more than one level of service and to have the capacity to provide care for consumers below the current 'risk threshold' who actively seek out help. Increased access and navigation are essential.

In parallel to the mental health services and models of care which focus on the consumers, the mental health system must provide safety and career development for mental health workers.

Thank you for the opportunity to contribute to the very important work of the Royal Commission.

6. Contact Officer – Austin Health

Heela Arsala
Legal Counsel
[redacted]

Yours sincerely

Sue Shilbury
Chief Executive Officer