

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

Organisation Name

N/A

Name

Mrs Jane Henery

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"- Targetted Mental health literacy program and reform with multi media strategy inc regular TV ads and programs, online Facebook, newspapers / magazines, live community support networks. Could look at weekly to monthly themes with columns, articles, newsletters focusing on improving mental health literacy. Program and strategies need to include whole of lifespan, common topics for eg what is mental illness, diagnosis and symptoms, treatments and supports available. - Establishment of codesigned Peer support workforces / community groups (those with lived experience and advocates) in all metropolitan and rural communities to support community integration within workplaces, community groups and forums."

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?

"-Peer support programs working well in IPU inclusive of IPS model needs to be expanded across clinical services as it was initially only funded for inpatient units.-Early intervention in youth programs is well supported and funded but is missing within current adult community funded programs due to reduced capacity and resources to respond to early warning signs or those considered sub threshold for current inclusion criteria for services. For eg Orygen has strict criteria and adult systems are dealing with increased youth 16-24y/o without dedicated resources and later onset middle age first episode of mental illness. Could consider establishment of early intervention clinics within current community adult programs. -Flexibility with offering ongoing (not just short term <3mths) medium term evidence based treatment programs (CBT, DBT, Family Work, Vocational) via individual and group mediums. At present private facilities offer these programs and there is evidence to suggest enhanced outcomes. Not sure why public mental health doesn't consider integration of these therapy modalities as a part of core delivery of service options. At present we have limited capacity due to funding, resources and staffing comparative to demand. "

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

"-24hr online and accessible specialist programs inc helplines, clinical services -Pre and post suicide intervention programs (HOPE) as a part of all ED and Community programs.-Review of funding per person capita for mental health beds at present reduced capacity to manage those in acute crisis in hospital hence often increasing risk, burden on families with having to manage in the community. Threshold for admission is higher with need for an attempt or suicide intent often a necessary precursor for priority of access for admission. -Peer support workers more available across episodes of care -Greater mental health support for police and ambulance staff when working with those with mental health issues. PACER clinicians working with police has worked well and consideration of expansion to all metro and rural 24hr police should be considered. "

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.

"-Reduced resources ie beds, staff and accessibility across metro and rural areas -Workforce capacity inc shortage of skilled staff, turnover of staff and higher rate of staff stress and burnout - Increased reliance on telephone triage and ED with after hours services reduced in rural areas inc Macedon Ranges -Increased demand reducing accessibility and length of service offered, notion people have to be severely acutely unwell before a service is offered, Idea of continuing and ongoing care reduced due to focus on front end new referrals and acuity of care. Hence care is very short term and episodic with length of stay across all programs markedly reduced. - Increased funding streams and specialist care packages relating to stage of mental health care needs would improve quality of care and care options for eg acute care package, early intervention, intensive support, ongoing care and transition support. -Needs to be greater focus on lifespan stages as adult system has increased burden with Aged and Youth strict criteria resulting in adult system 16y/o to 64y/o not occurring in reality with specialist care support. -Too many reform changes with non clinical mental health services for eg PDRSS, MHCSS and NDIS and D&A services has resulted in reduced service options and poor collaboration between these services for those with complex and co morbid health needs. "

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

"-Unstable government and funding streams directions keep changing. -Lack of department governance and oversight around implementation of mental health strategic plans for eg very general aims, objectives no clear implementation plan and reporting lines. Lack of connection with strategic plan, needs and consultation with community inc consumers, Carers and specialist services. Needs to be review of current mental health branch structure, resources and governance systems.-Key reforms or priority areas not completed inc review of mental health boundaries which has impacted on lack of planning and direction in growth corridor areas. Review of mental health suburb boundaries needs to be a priority. -Relevant measures of performance across mental health services not great for eg Unclear KPI targets, databases poor with measures not consistent across different programs /services. "

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

"-Increased awareness through Targetted mental health literacy programs which increases overall acceptance of mental illness, awareness of supports and treatment available and for this process to be a normalised process comparative to other illnesses.-Increased access to services to relieve Carer and family burden incorporating inpatient unit care, greater respite program options -Family and Carer mental health support packages to be a part of automatic service provision options within pathway of care to provide counselling, support, psychoeducation, advocacy and family work. -Specialist Family workers to be integrated into clinical programs "

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

"-Multi strategy recruitment utilising media, universities and health care services-Review of curriculum for nursing and allied health to ensure minimum core mental health curriculum for generic health care courses. -Peer Support Programs to be resourced to ensure adequate

infrastructure with dedicated Senior Manager, Supervisor other Peer support networks established and ongoing opportunities for education and training provided. -Dedicated Mental Health Recruitment specialists within larger hospital programs to ensure adequate resources looking at recruitment and retention"

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?

"Minimal opportunities at present as currently reduced mental health vocational support programs, group and drop in programs and greater focus on reward for disability rather than promotion of functioning and rewards and supports associated with the same. Would encourage renewed focus on mental health vocation programs, promotion of benefits of social and occupational participation considered with incentives. NDIS and DSP all focus on lengthy substantiation of Disability with reduced resources supporting those seeking meaningful social and economic participation. "

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?

"1 Equitable review with funding and resource allocation with review of beds per person per population identifying plan for reform with mental health beds and community resources. At present we have lowest number of mental health beds per person for our poph with no plan to meet increasing poph and growth corridors 2. Mental health programs suburbs and boundaries need review and realignment given poph growth and service changes. 3. Delivery of mental health episodes of care packages targeting phases of care and illness inc acute care, intensive support, ongoing care, early intervention and transitional care. Content of packages needs to focus on specialist care options, timeframes, location of care and be flexible with individual needs taken into consideration. Packages need to target agreed activity, monitoring, key KPIS and evaluation measures outlined. "

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

"-Dedicated resources for implementation of royal commission findings with ongoing governance and monitoring provided by a service that is seperate from the department for external non bias and governance. -Review of current mental health branch division inc operational structure, performance, projects and current strategic plan in preparation for reform and commission findings "

Is there anything else you would like to share with the Royal Commission?

"I have the privilege of lived experience within my family and also working as a specialist mental health clinician for 20+yrs. I have in my career worked in Victoria, Tasmania and Queensland and been fortunate to be involved in project management, quality improvement and service reform. Currently I am in a Community Mental Health Program Manager in a rapid growth area overseeing a team of 40 staff. I have a keen interest in actively contributing to any reform and happy to be contacted to discuss further. "