Dr Fiona McGlade

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

My suggestion to improve community understanding and reduce stigma would be to promote an inclusive and holistic view of mental health into (nearly) all health consultations and interventions from the earliest stages of life. This would involve a preferential directing of resources into preventative care with an emphasis on mental health during antenatal care and the first three years of life, which is when the most benefit can be achieved. It would also help to normalise the conversation and attention towards mental health/well being that can then be continued through ongoing engagement with the health and education systems.

I would advocate for increased recognition of the psychosocial determinants of mental health, such as; early life care, housing, education, impact of violence/trauma of both current and intergenerational nature, access to community engagement, access to sports/arts and other sources of self expression (on this point, we have much to learn from the indigenous community and their model of Social and Emotional Wellbeing). I would urge for mental health and well being to be viewed as integral and indivisible from these impacting social determinants, and as such, demands a holistic, bio-psycho-social approach.

Creative thinking around how to intervene with intergenerational cycles is also critical. Supporting the most vulnerable members of our community ie prisoners, drug users, the poor, the uneducated, particularly if they have children and are struggling to raise them, should be a priority. Providing affirmative action programmes for their children (increased access to social programmes and support) to compensate for any potential deficiencies in the quality of parenting and early life experience would assist in minimising the legacy of intergenerational disadvantage. My own personal suggestion would be to encourage recruitment of the retirement generation to support this cohort in the role of 'foster grandparents' and mentors as they likely have the wisdom, experience and perhaps the time to contribute. It would introduce into broader society the notion of 'Valued Elders' and could also improve community engagement for the retirement generation.

2. 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?

3. What is already working well and what can be done better to prevent suicide?
4. 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.
5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

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

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

Working in Mental Health can be rewarding and satisfying. It can also be stressful, demoralising, emotionally draining and, at times, emotionally devastating. The quality of the work, and the experience, can be enhanced by the following:

The opportunity to work collaboratively in teams enables more effective and safe care delivery, with the sharing of knowledge and the work load. This provides for better staff support and the maintenance of staff morale.

Team functioning needs to be supported through paid time for ward rounds and team discussions. Clear communication and planning is critical for good patient care. Paid time for this critical activity is infrequently provided in the private health context. It is ultimately cost saving as it enhances efficiencies and streamlines decision making and multidisciplinary cooperation around the implementation of care delivery.

Ongoing access to education and professional development to optimise staff efficacy and improve expertise. These factors also improve professional satisfaction.

Ongoing access to personal supervision to provide support and understanding on a personal and emotional level regarding the impact of the work.

Critical incident debriefing. This is important for staff support during very stressful and distressing events. It is also a highly important learning tool in minimising adverse outcomes.

Quality assurance and maintenance of professional standards through the processes of regular audits, peer review and systemic review. Ensuring full transparency around quality assurance programmes and service clinical outcomes.

8. 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?

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

I would advocate for (pre) cradle to grave care with respect, dignity and consideration given to all stages of the life cycle, particularly for those who are least vocal ie infants/pre-schoolers, the elderly, indigenous and disadvantaged. Policy making needs to incorporate a long term view that is capable of envisaging objectives and outcomes over generational and intergenerational cycles as opposed to short term solutions. Policy making should specifically acknowledge and respond to the particular benefit (or damage) that results from the degree to which the critical formative years are supported.

I would advocate for consultative input regarding mental health issues into policy making around housing, education, employment and other social programmes, such that mental health is considered to be integral to the overall level of social interaction between our individuals and society. Holistic thinking would recognise that mental health interventions may extend into the full range of social domains.

Services should be designed that link people to a wide range of supports within their community so as to maintain community engagement. Communication within and between these services should be supported within the funding models.

Increased role of and support for the GP in the primary care setting should be prioritised. This would greatly assist with coordination of care along with consistency and continuity for the patient.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Re: Questions 7 and 9,

The recommendations that I have made around attracting and retaining the best workforce and structuring the clinical services and ultimately providing a better standard of clinical care are, for a number of reasons, better achieved through the public system and primary care than through the private hospital psychiatry model. The public model of care allows for a more flexible role of the psychiatrist, as; team leader, supervisor, educator, researcher, treating clinician, communicator with other government agencies, and this flexibility potentiates a more responsive and effective delivery of care. The public system is very under resourced yet is not conflicted in its planning and decisions by the demands of the business model of private health care. It would then follow that resourcing of the health care sector should be increasingly allocated towards the public system where there is a greater possibility of a more highly functioning system being achieved.

11. I would like to share the Royal Commission that I have been a psychiatrist with a private practice attached to a private hospital for 14 years and that over this time, but more specifically in the past couple of years, I have both observed and been impacted upon in the delivery of my work, by the intrusion of decisions driven by the objectives of corporate business models, that have interfered with how doctors perform their work and ultimately the health outcomes of patients. I would like for the Royal Commission to be aware of this as there is limited transparency within the private sector as to how decisions are made and implemented in care delivery. The services are not run/managed by doctors and doctors are unwilling to speak up about these events as the security of tenancy of their private practices is used as leverage to maintain their compliance.

Specifically, I can share that I worked on a Parent-Infant Unit within the private hospital that was ultimately closed by the hospital as it was less profitable than other areas of the hospital (and as such, viewed as a liability). It was closed after it had been allowed to decline in its standard of care from the award winning service that it had been to a service where the doctors no longer wished to admit their patients. This decline occurred through the cancellation of paid ward round time, the sacking of highly respected nursing and psychology staff, the withdrawal of clinical supervision, the lack of effective promotion and the marginalisation of the medical staff from the decision making and planning around the direction of the unit. Sadly for our vulnerable patients, they were no longer supported by the hospital organisation and were most distressed by these events. As a business decision, it made sense in the interests of maximising profits but was to the detriment of

the patients' current health needs and long term health outcomes. It also deprived the infants of these mentally unwell parents of the opportunity for very early intervention in an already vulnerable start in life. It became clear to us as clinicians, that the conflict between profits and patient outcomes in the private health sector, did not favour the well-being of the patients.

The private hospital system has recently expanded its inpatient bed numbers dramatically. The hospital to which I was attached has opened 70 new beds and other hospitals have also opened large numbers of beds (perhaps the commission could request the figures and compare them to bed numbers and availability in the public sector?) As a result of this, there is a relative glut of beds and high competition for the psychiatric patients, more specifically inpatients, who are increasingly viewed as commercial commodities. Doctors are being instructed to maintain a required minimum number of inpatients (though how many remains unclear?) or their practice lease may be cancelled. I can confirm that this happened to me and that I was given three months notice to vacate my rooms and the stated reason, provided in writing, was that my low admission rate rendered me ineligible to retain my room. This was despite their being nothing in the lease agreement stipulating any obligation or expectation to admit patients to the hospital.

It is also my observation that decisions around inpatient programmes appear to be tailored towards the maximum profit margin for the hospital. Programmes such as ECT and Trans Cranial Magnetic Resonance which offer a high financial return to staff ratio have been expanded. Inpatient units planned around a three week stay, that being the time that provides the maximum profit return, have been opened. The impression is strongly that of the relationship between business model and patient care as having shifted in the direction of patients accommodating the needs of the business model as opposed to the model fitting the health requirements

I would like to Royal Commission to consider the degree to which these practices may be directly influencing the clinical conduct and decision making of our psychiatric colleagues, the degree to which our vulnerable patients have been incorporated into aggressive business models with escalating profit objectives, and the impact that this will inevitably have on service delivery, patient outcomes and the psychiatric wellbeing of our community? I would also request that the Royal Commission consider what safeguards, quality assurance studies, audits, transparency in reporting are, or should be in place within our health care system, in particular the private system, to ensure that standards are met and our patients are not exploited by these systems.

Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ☐ Yes ☐ No