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

Organisation Name
N/A

Name
Dr Paul Molloy

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Marketing and education in more detail regarding what constitutes mental health disease with closer reference to specific conditions. Good quality information through multiple broadcasters, internet and aligned with information available to GP's"

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?
"Some information services such as Beyond Blue have a good profile. Headspace provides primary access on site and online however it is difficult for a GP to arrange referral to services and make contact with psychiatrists. GP referral to Psychiatrists in public and Private sectors is a very significant impediment to accessing services. The change in the funding model for Headspace is actually limiting services. GP's are now asked to provide a MHCP in order for patients to get care. Psychology services under Medicare have provided a useful resource for some more common and mild to moderate illnesses. More immediate access to comprehensive care at time of presentation. GP's need to be utilised in collaboration with Mental Health Services in the same way we are involved in management of other services. We are a wasted resource. CYMHS in our area is limited to providing family therapy. Patients who do not fit this model are declined at triage. Psychiatrists need to make provision in their care models for rapid response to referrals. Referrals should not be limited by going through intake workers, psych nurses, social workers, psychologists or receptionists. Other specialities in medicine accept their role in providing acute care. We speak directly to the specialist when required. Other areas of medicine are doctor lead in their progress and provision of services. We need to see this initiative from Psychiatrists. "

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

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.
GP's are a very common point of entry to the Mental Health system and I believe I can state with confidence for all GP's that the inability to refer patients on to the next level of care is our greatest difficulty in providing good care. At the next level the care is not comprehensive. Communication is very poor and the opportunity to provide care in collaboration with the GP is not utilised.

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

What are the needs of family members and carers and what can be done better to support them?
Families need to be supported in care and when available to provide support need to be more included in management. Concerns about patient confidentiality are sometimes not weighed correctly against the benefits of family in care and support.

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

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?
Models of support for employment already exist for patients with disabilities and those with prior custodial offences. As with most areas of inefficiency or lack of service in the mental health sphere the problem has already been attended to in other areas of health.

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?
"Comprehensive, accessible outpatient services. Accreditation of these services to an ideal standard which is evidence based. I believe there need to be a cultural change amongst the psychiatric community. Greater advocacy for change, a collegiate approach to change and strong leadership and standards from those heading services."

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

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

Paul Molloy
[redacted]

Royal Commission into Mental Health Submission

I am a General Practitioner with over 30 years' experience, both professional and personal, of the Mental Health Care system. I have listed briefly my main concerns regarding mental health care provision in our community but am very willing to discuss this matter further.

Main Areas of Concern

1. Acute Care
2. Psychiatric Colleagues
3. Accommodation/Comprehensive Care
4. Policing

Acute Care

When I refer a patient with chest pain to a Cardiologist, they accept the patient and provide care. Likewise, suspected appendicitis is accepted for assessment by the surgeon.
Unlike all other disciplines in medicine access to acute care for psychiatric patients is not readily available. I can make a referral to any other speciality, public or private, and have the problem managed. All other specialties accept that there is an acute component to the service they provide. Doctors providing care to patients with mental health problems put up road blocks. In the public system this means assessment is through a psychiatric nurse and/or social worker in the CAT team. Unless the patient is a significant threat to themselves or others the problem is not considered to be of such acuity that immediate action is required. Acute care should commence well before imminent crisis.

Psychiatric Colleagues

My contact with Psychiatrists gives me the impression that they are consistently caring and knowledgeable people. However, as a group it seems that a culture has developed which is at a lower standard than that of their colleagues in other specialties. Advocacy for their patients as a group is lacking, adequate resources in public hospitals have not been sought nor appropriate staffing levels maintained, lobbying for better services and establishment of bodies in support of this is lacking. Compare this with organisations such as the Heart Foundation and Kidney Health Australia. In our community it has been a politician who has established the best-known body, Beyond Blue. The body which has come from the impetus of a Psychiatrist was from an individual Patrick McGorry. Unfortunately, this has probably not been maintained in the way it was established and is a service rather than an organisation campaigning for the best standards of care and adequate funding.

The lack of access to acute care in both public and private sectors leads me to believe this is not an institutional problem but a cultural problem within the Psychiatric community.
The path to work in the private sector managing chronic patients seems to be a consistent pattern. Once established the books close and they are no longer taking new patients. As a further indicator of the cultural problem within Psychiatry I must also point out that unlike all other disciplines Psychiatrists are very poor at corresponding with the referring GP. Some will send some letters, most do not communicate.

Accommodation/Comprehensive Care

As my older patients deteriorate they need more diverse care and this is provided via a range of services provided through the community. Some get to a stage where they cannot be safely supported in the community and need to move into supported accommodation at a Residential Aged Care Facility. Here their comprehensive needs are met, and safety should be assured. I look after a range of patients with intellectual disability also and they do not have the skills to care for themselves on their own and as such live in supported accommodation with appropriately trained carers. In both cases care is provided for people who are not able to make decisions in their best interests and the community steps in to provide suitable care. Mental Health patients are not afforded the same support by our community. A zeal to close asylums has left a void in care for people who do not have adequate skills to manage themselves in the community. We refer to a large number of these as the “homeless” and suggest that it is a housing problem. We need recognition that some people with mental health disorders have complex needs best provided in supported accommodation. This can be managed in a respectful way such as we aspire to with care of our aged.

Policing

There is a consistent issue with Police not having the skills to manage people with a mental health disorder and mental health care staff not being able to manage patients who are violent or unlawful. The two issues will always be linked, and I suggest there is a need to create a specialised service comprised of people with training in both fields.