

Your information	
Title	Ms
First name	Trudy
Surname	Ararat
Email Address	██████████
Preferred Contact Number	██████████
Postcode	██████
Preferred method of contact	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Telephone
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-described: <input type="checkbox"/> Prefer not to say
Age	<input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 17 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 44 <input type="checkbox"/> 45 – 64 <input type="checkbox"/> 65 – 84 <input type="checkbox"/> 85+ <input type="checkbox"/> Prefer not to say
Do you identify as a member of any of the following groups? Please select all that apply	<input type="checkbox"/> People of Aboriginal and Torres Strait Islander origins <input type="checkbox"/> People of non-English speaking (culturally and linguistically diverse) backgrounds <input type="checkbox"/> People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community <input type="checkbox"/> People who are experiencing or have experienced family violence or homelessness <input type="checkbox"/> People with disability <input type="checkbox"/> People living in rural or regional communities <input type="checkbox"/> People who are engaged in preventing, responding to and treating mental illness <input type="checkbox"/> Prefer not to say
Type of submission	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Organisation Please state which organisation: Peninsula Health Please state your position at the organisation: Chief Legal Officer Please state whether you have authority from that organisation to make this submission on its behalf: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group How many people does your submission represent?

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	<input type="checkbox"/> Person living with mental illness <input type="checkbox"/> Engagement with mental health services in the past five years <input type="checkbox"/> Carer / family member / friend of someone living with mental illness <input type="checkbox"/> Support worker <input type="checkbox"/> Individual service provider <input type="checkbox"/> Individual advocate <input checked="" type="checkbox"/> Service provider organisation; Please specify type of provider: Public health network. <input type="checkbox"/> Peak body or advocacy group <input type="checkbox"/> Researcher, academic, commentator <input type="checkbox"/> Government agency <input type="checkbox"/> Interested member of the public <input type="checkbox"/> Other; Please specify:
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	<input checked="" type="checkbox"/> Access to Victoria's mental health services <input type="checkbox"/> Navigation of Victoria's mental health services <input type="checkbox"/> Best practice treatment and care models that are safe and person-centred <input type="checkbox"/> Family and carer support needs <input type="checkbox"/> Suicide prevention <input type="checkbox"/> Mental illness prevention <input checked="" type="checkbox"/> Mental health workforce <input type="checkbox"/> Pathways and interfaces between Victoria's mental health services and other services <input checked="" type="checkbox"/> Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements <input type="checkbox"/> Data collection and research strategies to advance and monitor reforms <input type="checkbox"/> Aboriginal and Torres Islander communities <input type="checkbox"/> People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities <input type="checkbox"/> Rural and regional communities <input type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system <input type="checkbox"/> People living with both mental illness and problematic drug and alcohol use

For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one box

<input checked="" type="checkbox"/> Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
<input type="checkbox"/> Anonymous	<p>My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted).</p> <p>If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.</p>
<input type="checkbox"/> Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

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?

Please see attached submissions

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?

Please see attached submissions

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

Please see attached submissions

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.

Please see attached submissions

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

Please see attached submissions

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

Please see attached submissions

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

Please see attached submissions

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?	
Please see attached submissions	
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?	
Please see attached submissions	
10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?	
Please see attached submissions	
11. Is there anything else you would like to share with the Royal Commission?	
Please see attached submissions	
Privacy acknowledgement	<p>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.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>



SUBMISSIONS TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

INTRODUCTION

Peninsula Health welcomes the opportunity to provide submissions to the Royal Commission concerning issues it has identified as requiring reform, development and change, in order for it to improve its provision of mental health services to its community.

Peninsula Health's vision is to provide exceptional health and community care. Our purpose is to work together to build a healthy community. The Royal Commission provides Peninsula Health with a unique opportunity to make submissions and recommendations in respect of the Victorian Mental Health System, which will support Peninsula Health's strategic goals in relation to its mental health service.

1. ABOUT PENINSULA HEALTH

Peninsula Health is the major metropolitan health service for Frankston and the Mornington Peninsula area. We care for a population of 300,000 people, which swells to over 400,000 during the peak tourism seasons between December and March each year.

Our health service consists of four major sites: Frankston Hospital, Rosebud Hospital, Golf Links Road Rehabilitation Centre and The Mornington Centre. Other sites include; three community mental health facilities; and four community health centres in Frankston, Mornington, Rosebud and Hastings.

Our health service catchment area has some unique demographic features and challenges, including:

- an ageing population;
- a mix of wealth and extreme disadvantage;
- higher than average rates of vulnerable children, homelessness and family violence¹; and

¹ Monash University, *Family Violence Community Consultation Workshop Paper*, (August 2016)

- higher than average rates of mental health issues.

Peninsula Health's Clinical Governance Framework (Peninsula Care) drives person-centred care that is safe, personal, effective and connected. Peninsula Care operates across all of Peninsula Health's services, including its mental health services.

2. ABOUT PENINSULA HEALTH MENTAL HEALTH SERVICES

The Peninsula Health Mental Health Service catchment includes, adult, youth, adolescent and aged communities in the areas of Kingston South, Frankston, and the Mornington Peninsula. However, with two emergency departments operating within Peninsula Health, the Mental Health Service also provides emergency mental health care to patients who live outside the catchment area.

Peninsula Health provides the following mental health services:

- a) Acute in-patient
 - 50 acute in-patient beds, comprising 29 adult and 6 adult Psychiatric Assessment and Planning Unit (PAPU) beds and 15 aged beds.
- b) Community
 - i. Mental Health Telephone Triage;
 - ii. Access and Assessment Team(AAT) provides acute and non-acute mental health assessment as well as brief intervention;
 - iii. Consultation Liaison Mental Health in the Emergency Departments;
 - iv. Consultation Liaison – General Hospital;
 - v. Police, Ambulance and Clinician Early Response (PACER);
 - vi. Adult Community Mental Health Program includes Frankston and Mornington Teams. Both teams have a case management function and an intensive treatment function;
 - vii. Youth Mental Health team for client aged 16-25 years; and
 - viii. Aged Community Mental Health Team, which has a case management function and an intensive treatment function, and incorporates a Residential Support program.
- c) Specialist services/clinics
 - i. Families where a parent has a mental illness (FaPMI);

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- ii. Forensic clinical specialist;
- iii. Wellness clinic; and
- iv. Clozapine clinic.

d) Residential Services

- i. Community Care Units;
- ii. Adult Prevention and Recovery Care (APARC);
- iii. Youth Prevention and Recovery Care (YPARC); and
- iv. Carinya Residential Aged Care- Psychogeriatric.

Peninsula Health's Mental Health Service does not provide services to children. Children presenting to Peninsula Health emergency departments are assessed and subsequently transferred to a paediatric mental health facility for ongoing care.

An overview of Peninsula Health's Mental Health Service is provided below.

Table A

2017/2018 data	Number
Number of acute inpatient beds	50
Mental health Inpatient occupied bed days	29,482
Acute inpatient admissions per annum	1954
Mental Health ED presentations per annum	5,055
Mental Health ED presentations of children under 16 years	246
Number of community clients per annum	3,173
Number of Mental Health community service episodes	3,904

3. SUBMISSIONS AND RECOMMENDATIONS

3.1 Victorian Auditor General's Office (VAGO) Report Access to Mental Health Services, ²

Peninsula Health was one of the entities that provided information and evidence to VAGO for the purposes of the 2018 audit into access to mental health services.

Peninsula Health agrees with VAGO's findings.

Peninsula Health notes that the Department of Health and Human Services (DHHS) accepted some recommendations in principal and has listed some proposed start dates as '*following the delivery of the Royal Commission's recommendations in its final report*'.

For the purpose of its submissions to the Royal Commission, Peninsula Health supports and adopts the VAGO recommendations. Peninsula Health considers the DHHS should implement the VAGO recommendations.

Recommendation

The Commission recommend that the DHHS implement the VAGO recommendations.

3.2 Governance

One of the statutory functions of Peninsula Health's Board of Directors is to monitor the performance of Peninsula Health to ensure that effective and accountable systems are in place and to monitor and improve the quality, safety and effectiveness of health services provided by Peninsula Health.

In October 2016, the Report of the Review of Hospital Safety and Quality Assurance in Victoria, 'Targeting Zero', was published. A recommendation arising from the review was that the DHHS ensure robust reporting regarding indicators pertaining to safety, quality and pressure on mental health services. Whilst reporting of some performance indicators in respect of mental health services (primarily seclusion, readmission and access to community health services following discharge from an acute inpatient setting) has increased the visibility of mental health services, the Peninsula Health Board face challenges in respect of oversight and monitoring of the performance, quality and safety of the mental health services delivered at Peninsula Health. The challenges are influenced by the

² Victorian Auditor-General's Office, Access to Mental Health Services (Independent assurance report to Parliament 2018-19: 16, March 2019) 8.

following:

- a) **a lack of a state wide, DHHS endorsed, best practice, evidence based model of care for the delivery of mental health services in Victoria.** As such, each mental health service has developed and implemented its own models of care for inpatient and community services and, accordingly, assessment tools are different in each health service. Therefore, there is no effective or efficient way to measure and evaluate performance based outcomes across mental health services in Victoria and Australia wide;

- b) **a lack of quality and safety performance indicators in the community mental health setting.** Community mental health service performance, quality and safety indicators are scant and there is no consistency or transparency in respect of the delivery of, and outcomes achieved, by community mental health programs;

- c) **siloed and disconnected governance at ministerial and departmental level.** Mental health services were de-institutionalised in order to, amongst other things, destigmatise mental illness. As such, mental health services were aligned with public healthcare networks and public hospitals. Peninsula Health's clinical governance framework reflects Peninsula Health's strategic goal to create an inspiring and supportive culture that fosters high quality care which is safe, personal, effective and connected, and has a strong focus on the consumer experience. Peninsula Health's values and strategic goals apply equally to all its consumers. However, at a ministerial and departmental level, mental health is sequestered from other public hospital /public health network functions. There is a separate Minister for Mental Health and a separate Mental Health Branch within the DHHS. Health service reporting of KPIs for mental health services is separate and distinct from that of other health services. This creates silos at both governmental and local levels, which undermines openness, transparency and knowledge about issues faced by health services in delivering mental health services;

- d) **devolved frameworks.** The Office of the Chief Psychiatrist has recently published 'Equally

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well in Victoria- Physical Health Framework for Specialist Mental Health Services'³, which is welcomed by Peninsula Health. However, governance and implementation of the framework is devolved to individual mental health services and includes the requirement that:

- i. *'Board and executive leadership develops, and visibly engages in communicating, a clear vision for improving the physical health of mental health service consumers'; and*
- ii. health services *'set priorities and strategic direction for improving physical health' of its mental health consumers.*

In the absence of meaningful, consistent and measurable state-wide performance indicators and outcome measures, governance of the physical health framework will be difficult;

- e) **ineffective and uncertain funding for services.** Current public funding models are not contemporary, equitable and do not meet the current demand. In addition, mental health clinicians at Peninsula Health consider there is a lack of certainty and transparency in respect of funding for general and specialist mental health programs;
- f) **uncertainty of categorisation and funding for alcohol and drug services.** The relationship between alcohol and drug addiction and mental illness is well established. This includes an impact on precipitating mental illness, contributing to relapse, poor prognosis and violence. At Peninsula Health particular issues include higher than average presentations of patients with alcohol and drug related problems, with demand significantly outweighing capacity. More broadly, there is a lack of consistency in the governance of Alcohol and Drug Services in Victoria as funding transverses across non mental health community health programs and mental health programs;
- g) **ineffective information sharing.** Information sharing between public mental health services, community health services, primary healthcare networks and general practitioners is

³ State of Victoria, Department of Health and Human Services, *Equally Well in Victoria- Physical Health Framework for Specialist Mental Health Services'*, March 2019

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unreliable. The My Health Record does not appear to have materially assisted with information sharing in the mental health sector. Multiple IT platforms operate across the spectrum of mental health services and whilst the public health Clinical Management Interface/Operational Data Store (CMI/ODI) system registers demographic and clinical patient-level data for each client of a Victorian public mental health service, there is no uniform information sharing platforms between the public sector, general practitioners and commonwealth funded primary health care networks;

- h) **lack of performance reports from external agencies.** External organisations such as the Mental Health Complaints Commission, Mental Health Tribunal and Community Visitors collect a substantial amount of information about mental health services across Victoria. However, performance indicators such as the number of complaints received per health service, types of complaints received and the number of treatment orders ordered per health service, are not reported to hospital Boards on a regular basis as part of quarterly performance reports;
- i) **unclear risk management.** Current and emerging risks in the Victorian Mental Health System are not readily identifiable at a local level; and
- j) **lack of reporting of compliance breaches.** *Mental Health Act (Vic) 2014* compliance breaches are not reported in the DHHS Inspire or Monitor reports.

Peninsula Health submits that in order for its Board to properly oversee and monitor the performance, quality and safety of its mental health service, the DHHS needs to implement a degree of consistency within mental health models of care, such as consistent definitions, assessment tools and quality outcome measures. Transparency and accountability will be enhanced by meaningful performance, quality and safety indicators that are benchmarked across the State of Victoria and, eventually Australia.

Recommendation

The Victorian Government develop comprehensive, consistent and transparent governance principles, including ensuring health services are provided with the right information to enable meaningful oversight and monitoring of its health services performance, quality, safety and outcomes and risks.

3.3 Services

Peninsula Health considers that in order for people within its catchment area to access mental health services in a timely and appropriate manner and maximise mental health outcomes, the following access and service delivery issues need to be addressed by the DHHS.

Children and Youth Services

Approximately 25% of people living in Peninsula Health's mental health service catchment area are aged between 0-19 years. Yet, despite having a higher than state average percentage of vulnerable children and higher than average rates of people suffering mental health issues, Peninsula Health is not funded to provide mental health services to children under 16 years of age and children under the age of 16 are referred to Monash Health.

This deficit in Peninsula Health's range of mental health services is particularly challenging as people seeking acute mental health services for themselves or loved-ones aged up to 16 years may attend one of Peninsula Health's emergency departments seeking urgent attention. For those consumers aged up to 16 years, who have not previously accessed public mental health services, it often comes as a disappointing discovery that their community hospitals are unable to provide them ongoing care. In addition, and notwithstanding the lack of specialist child mental health staff, the mental health clinicians at Peninsula Health are required to undertake assessments of children in the emergency department and make clinical decisions regarding whether the child requires inpatient care or can be managed in the community. Regardless of the clinical decision, Peninsula Health is unable to provide ongoing care to children under the age of 16 years.

The fact that Peninsula Health's mental health services are not available to a significant component of its community population detracts from its ability to achieve its vision to provide exceptional health and community care to its consumers. It also places stress on families who have to travel significant distances to access mental health services for their children.

Insofar as youth mental health services are concerned, Peninsula Health acknowledges the early intervention and specialist services provided by Headspace operating in its catchment area. However, service provision difficulties arise when youth clients require services outside of the Monday to Friday business hours services provided by Headspace. Youth clients requiring out of hours mental health care often present to a Peninsula Health emergency department and are assessed by non-youth specialist mental health clinicians, as Peninsula Health does not receive funding to provide acute youth mental health services.

Peninsula Health recognises that child and adolescent mental health services require highly specialised resources, including workforce, infrastructure and facilities, which Peninsula Health is currently unable to accommodate. However, with respect to future service planning, Peninsula Health submits that it would be meritorious for child and adolescent mental health service expansion, including inpatient and outpatient services, to the Peninsula catchment area be considered.

Aged Care service

Peninsula Health's catchment area has, and will continue to have, the largest increase in the aged population within Victoria⁴. However, Peninsula Health has not received any growth funding for aged mental health services since 2013 and, as such, the community demand is unmet. Compounding the issues faced by our ageing population is the fact that National Disability Insurance Scheme (NDIS) funding and services are age capped, resulting in a significant lack of aged community mental health services in the catchment area. In addition, many clients suffering with dementia are being treated in

⁴ The State of Victoria Department of Environment, Land, Water and Planning, 'Victoria in Future 2016- Population and Household Projections to 2051' (2016)

public aged mental health care services due to behavioural issues associated with their neurological disease. This impacts of the availability of inpatient beds for clients suffering with acute mental health conditions.

Accordingly, Peninsula Health's aged mental health clients and their families and carers are faced with difficulties accessing services in their local community. This places increased stress (both financially and emotionally) on people who are already facing challenges associated with suffering, and caring for people suffering with, mental illness.

Discharge to homelessness

Peninsula Health endeavours to avoid discharging its mental health clients into homelessness. Whilst Peninsula Health does not provide accommodation services, it recognises that homelessness negatively impacts on its mental health clients' recovery. In addition, homelessness is a barrier to timely client follow up. This is a critical issue that Peninsula Health submits should be considered by the Commission.

Recommendation

The Victorian Government considers in its mental health service planning, expansion of the access to, and delivery of, child and adolescent mental health services to include Peninsula Health.

The Victorian Government review and revise funding streams for aged mental health care services in the Peninsula Health catchment area, in accordance with population growth estimates.

3.4 Workforce and safety

Peninsula Health considers much could be done to attract, retain and better support the mental health workforce, including state-wide recruitment initiatives, coordination of specialist rotations for junior

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doctors, enhancing mental health curriculum and clinical placements in undergraduate nursing and allied health programs, facilitating funding for post graduate specialisation courses and improving the framework for the 'lived experience' peer worker cohort.

Recruiting and retaining mental health clinicians is a significant challenge for Peninsula Health. In March 2017, senior mental health clinicians travelled to the United Kingdom for a targeted recruitment drive. This initiative resulted in the recruitment of 10 mental health nurses. However, there remains a deficit of approximately 45 equivalent full time (EFT)⁵ mental health clinicians across Peninsula Health's Mental Health Service, despite local, interstate and international recruitment efforts.

As an outer metropolitan area mental health service, Peninsula Health experiences particular challenges with the recruitment and retention of psychiatrists in adult psychiatry.

As previously stated, Peninsula Health agrees with the VAGO report findings and recommendations in respect of workforce strategy. In addition, Peninsula Health makes the following submissions:

- a) **funding for occupational violence prevention programs is essential to recruit and retain staff.** Occupational violence is a risk faced by mental health staff (including doctors, nurses, allied health, non-professional staff, administrative and security staff and peer workers) on a daily basis. There is little doubt that exposure to occupational violence inhibits retention of mental health staff in the workplace. Whilst some state government funding has been received in the past to develop and implement occupational violence minimisation programs, on-going funding is limited and restricted (for example the current focus of funding is for the installation of CCTV and duress alarms, which does not address crucial measures to prevent occupational violence). As such, innovative programs must be (and are) developed and resourced from existing budgets in order to ensure staff safety, which is a priority for Peninsula Health. Nevertheless, in circumstances where demand regularly outweighs capacity, it is difficult to divert funding into occupational violence prevention programs. More

⁵ As at 21 June 2019

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funding should be available to health services to reduce occupational violence in the mental health sector;

- b) **facilities that promote safety and reduce the risk of occupational violence will enhance recruitment and retention of mental health staff.** all participants in mental health services have a right to expect freedom from intimidation, aggression, physical and sexual assault. This extends beyond the workforce to include consumers, families and friends. Many recent reports, including the Victorian government's '*Victoria's 10-year mental health plan*'⁶, have highlighted the high rates of serious physical and sexual aggression experienced within mental health services. A range of solutions, which require financial and human resource investment, are required to address the serious safety issues experienced by service providers and consumers of mental health services, including gender safe facilities, facilities that reduce the risk of harm, training and research and appropriate governance;
- c) **Peninsula Health faces particular challenges recruiting and retaining medical staff (both senior and junior)** due to the following factors:
- d) although affiliated with **tertiary** institutions, Peninsula Health does not offer a state-wide specialist mental health service (such as a psychiatric intensive care service, mother and baby service or eating disorder service). As such, junior doctors working at Peninsula Health's Mental Health Service who wish to undertake a specialist rotation are disadvantaged;
- i. there are few incentives for consultant psychiatrists to work in a full time capacity in public mental health services and many advanced trainees on completion of the psychiatric fellowship will move into some form of private practice; and
 - ii. Peninsula Health's location (being approximately 50 kms from Melbourne's central business district);
- e) a **DHHS coordinated recruitment drive** for mental health staff would reduce duplicated

⁶ Victorian Government '*Victoria's 10-year mental health plan*' (November 2015).

recruitment efforts being undertaken by individual public health care networks and hospitals;

- f) **the mental health component of the current undergraduate nursing degree is negligible and does not encourage student nurses to consider mental health as a career path.**

Funding for specific mental health nurse graduate programs may encourage and facilitate recruitment and retention of nursing staff;

- g) **specialist qualifications for nursing and allied health staff could be offered at an undergraduate level.** Currently there is no regulatory requirement for nurses or allied health practitioners working in mental health to hold specialist qualifications notwithstanding that it is a highly specialised area of health care. Unlike the practice of midwifery (which requires a registered nurse to undertake an under graduate bachelor degree in midwifery or post graduate midwifery qualifications before being able to practice in the area), a registered nurse or allied health practitioner, with little or no experience in the mental health sector, is able to seek employment and work in mental health. Whilst practical training and experience is extremely important, Peninsula Health considers that consumers of mental health services would undoubtedly benefit from being cared for by specialised tertiary qualified health practitioners. However, a significant barrier to nursing and allied health practitioners undertaking post graduate qualifications in mental health is the cost (the fees for a graduate diploma in mental health are approximately \$25,000⁷) and time commitment required to study; and

- h) **the 'lived experience' peer workforce requires a consistent state-wide framework to enhance the service.** In 2018, the DHHS published its report 'Lived Experience Workforce Positions in Victorian Public Mental Health Services, October 2017.'⁸ In the report, the DHHS noted that throughout 2018-2019 it would '*focus on deepening the understanding of the roles and how they are implemented at each service*' and that it was '*important to understand ...the supports, training and structures that are required to support career development*' for peer

⁷ La Trobe University; Monash University.

⁸ State of Victoria, Department of Health and Human Services, '*Lived Experience Workforce Positions in Victorian Public Mental Health Services October 2017*', July 2018.

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workers. The sharing of lived experienced by peer workers at Peninsula Health has developed into an integral part of the mental health services provided to clients, families, carers and staff. Peer worker programs are implemented differently across mental health services and Peninsula Health considers there would be real benefit in the development of a state-wide framework for peer worker programs, including the development of standardised training and networking.

Recommendations

Peninsula Health considers the following recommendations would assist to attract, retain and better support the mental health workforce.

The Victorian Government provide adequate and ongoing funding to mental health services in order for occupational violence programs to be appropriately maintained.

The Victorian Government invest sufficient financial and human resources to address serious safety issues faced by service providers and consumers of mental health services.

The Victorian Government coordinate a state-wide recruitment drive for mental health staff.

The Office of the Chief Psychiatrist and DHHS Mental Health Branch consider facilitating and monitor the rotations of medical staff (at registrar level) through state-wide specialist services.

Universities providing undergraduate nursing degrees increase the curriculum and clinical experience in respect of caring for people with mental illness.

Nursing and Allied Health professional bodies review the appropriateness of the current registration requirements for mental health practitioners.

The Victorian Government consider implementing a state-wide framework for peer workers.

CONCLUSION AND SUMMARY OF RECOMMENDATIONS

Peninsula Health recognises there are a multitude of issues impacting Victoria's mental health system and that its submissions and recommendations focus on only a few of those issues.

Peninsula Health is committed to providing exceptional mental health care and services to its community. Fulfilling this commitment will require: the implementation of robust and streamlined governance process by the Department of Health and Human Services; funding models to bridge the demand and capacity chasm and changes to the current workforce strategy at both a professional and government level.

We trust Peninsula Health's submission provides the Commission with some helpful information to assist with the reforms that will inevitably arise as a result of the Commission's report.

SUMMARY OF RECOMMENDATIONS

- 1. The Commission recommend that the DHHS implement the VAGO recommendations.**
- 2. The Victorian Government develop comprehensive, consistent and transparent governance principles, including ensuring health services are provided with the right information to enable meaningful oversight and monitoring of its health services performance, quality, safety and outcomes and risks**
- 3. The Victorian Government considers in its mental health service planning, expansion of the access to, and delivery of, child and adolescent mental health services to include Peninsula Health.**
- 4. The Victorian Government review and revise funding streams for aged mental health care services in the Peninsula Health catchment area, in accordance with population growth estimates.**
- 5. The Victorian Government provide adequate and ongoing funding to mental health services in order for occupational violence programs to be appropriately maintained.**
- 6. The Victorian Government invest sufficient financial and human resources to address serious safety issues faced by service providers and consumers of mental health services.**
- 7. The Victorian Government coordinate a state-wide recruitment drive for mental health staff.**
- 8. The Office of the Chief Psychiatrist and DHHS Mental Health Branch consider facilitating**

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and monitor the rotations of medical staff (at registrar level) through state-wide specialist services.

- 9. Universities providing undergraduate nursing degrees increase the curriculum and clinical experience in respect of caring for people with mental illness.**
- 10. Nursing and Allied Health professional bodies review the appropriateness of the current registration requirements for mental health practitioners.**
- 11. The Victorian Government consider implementing a state-wide framework for peer workers.**