Zero Suicide Institute of Australasia
ABN 27 629 171 464

P 0408 400 218
E admin@zerosuicide.com.au

Zero Suicide Institute of Australasia

Submission to the Royal Commission into
Victoria's Mental Health System

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Thank you for the opportunity for the Zero Suicide Institute of Australasia (ZSIA) to make a submission to the Royal Commission into Victoria's Mental Health System.

The ZSIA is a new agency that is leading the development of the *Zero Suicide Healthcare* and *Crisis Now* frameworks in our region. These global initiatives focus on the relentless pursuit of excellence to reduce suicides & improve the care for those who seek help from healthcare systems.

ZSIA works with healthcare systems to enhance the quality and safety of those who are in crisis and those who live with suicidality.

A critical component for individuals and their families and for those working in mental health care is to have effective pathways to care that do not begin and end in the emergency department of a local hospital. In the latest AIHW report on mental health services it noted that six out of every ten people who present to emergency with a mental ill-health condition are not admitted to hospital.[1] This is neither effective for the person nor cost effective for the hospital system.

A new approach has been developed in the United States that provides an effective alternate pathway to care. *Crisis Now* has four key elements that when implemented in full have demonstrable benefits for the individual, for the hospital system and for the staff in that hospital.[2] The *Crisis Now* model incorporates:

1. A Crisis Call Centre Hub that connects people in crisis with health professionals to ensure timely access and maintains a detailed data collection

2. Mobile crisis workers who can be deployed to the location of the person to de-escalate the crisis and connect the person and family or carers to ongoing community-based services

3. A stabilisation unit where the mobile crisis worker can take the person for more comprehensive support and assessment of the need for inpatient services

4. Evidence based treatments and supports available 24hours per day.

Partners in the model operate in a crisis continuum and include law enforcement, ambulance and hospitals. Where the model has been implemented it has demonstrated a 40-45% reduction in costs to the hospital and to demands on partner services.

This 3-minute video provides an overview of the model and demonstrates the benefits to individuals and partners involved in its implementation:

https://www.youtube.com/watch?time_continue=12&v=GWZKW8PLIgQ

ZSIA does not have a remit to comment on all the following questions so this submission responds to the areas that are relevant to our organisation's remit.

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[1] AIHW Report on Mental Health Services

[2] Crisis Now diagram retrieved from www.zerosuicide.com.au.
https://docs.wixstatic.com/ugd/443c3b_e29e70fdb987421c9a25700a583d1900.pdf

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

   ZSIA operates in conjunction with the healthcare system. The Victorian healthcare system has an extensive workforce, which through its members, can access a very wide cross section of the community.

   Assessing stigmatising behaviours within the healthcare system through administering the Suicide Stigma Scale, developed by the Centre for Mental Health Research at the Australian National University, would highlight for healthcare workers their own stigmatising behaviours and provide a foundation for training programs to address these behaviours.

   Once training is completed within the health system, the knowledge and behaviours of healthcare workers could be an avenue to support the education of people within their wider sphere of influence.

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?*

   Suicide is complex and no one solution will alleviate the pain and suffering experienced by those who take their own life and that of their families, friends and wider communities.

   The health system is also not the only provider of services that can support and prevent individuals from taking their own life. It requires a comprehensive, multi-pronged approach that addresses the social determinants of health as well as the health requirements. There are many areas of government that could be brought together to collaborate on suicide prevention in consultation with local health services and Commonwealth Government funded Primary Health Networks.

   Suicide prevention impact statements should be standard practice across all areas of government when developing policy or assessing programs and services for funding. This would strengthen the role of the social determinants of health in suicide prevention and provide agencies with insight into the impact of their decisions. It would also provide an avenue to facilitate interagency cooperation in areas such as employment, education, justice, social services, finance and others alongside health.

   The inclusion of impact statements on suicide prevention at the design stage of policy and program development would help to ensure that employees who are vulnerable to suicide, and who do not enter the healthcare system, have a pathway to confidently access service support through their agency as staff will be informed about working with and managing people experiencing suicidality

   The long-used adage of suicide prevention is everyone's business may then be brought to fruition

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.*

The stabilisation unit in the *Crisis Now* model described earlier does not need to be co-located with a hospital removing the stigmatisation that many experience when presenting to emergency departments. The stabilisation unit is staffed by trained health professionals including mental health nurses, social workers, psychologists and peer workers who are also linked directly to localised community-based services. This ensures that when a person leaves the facility they do so connected with services that can support them and help keep them safe.

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

There is clear evidence that those who live in areas of employment stress and financial disadvantage are more susceptible to mental ill-health. As mentioned above the ability to bring together those areas of government that address the social determinants of health and design policy initiatives that seek to alleviate disadvantage, including homelessness, low levels of education and unemployment is an area of great need.

In addition, access to services remains a critical component of early management of mental ill-health. Providing ready access to qualified health professionals through the *Crisis Now* central hub can assist individuals and families to gain knowledge and understanding of how to manage mental ill-health and provide linkages to other services which can assist the individual.

Data collection through all elements of the *Crisis Now* pathway is integrated across all the elements to provide an accurate assessment of the use of services, early identification of areas of need and the outcomes achieved.

This data system integration is integral to the *Crisis Now* model.

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

Understanding what services are available and what is appropriate for the individual needing care and support is a perennial problem for family members and carers.

For many years breast cancer patients have had the active support of other women who have been successfully treated for breast cancer. Patients are matched to a person of similar age, treatment type and location. Having access to someone who can show that recovery is possible and who understand the challenges of dealing with the healthcare system has been shown to have a positive impact on the treatment outcomes for patients.

The Cancer Councils' Breast Cancer Support Service is an early forerunner of what we understand today as peer support.

The same positive outcomes could be achieved with peer workers in mental health. Helping to navigate, and where required advocate, for the individual and the family.

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

The Cert IV in peer worker training for Mental Health needs to be enhanced with modules in suicide prevention. Currently there is no requirement for undergraduate or post-graduate courses in psychology, nursing or medicine or the Cert IV course to complete any training in working with people who are suicidal. Without training those who are employed within the workforce will not be in a position to effectively support someone with suicidality.

Training programs need to be designed to specifically address working with those who are suicidal and particularly for those who have experienced suicidal behaviours and wish to work in a service to support others with suicidality.

Employment pathways however need to ensure that the safety of the staff and the individual remains paramount and therefore screening for readiness to be involved as a peer worker is an important and essential consideration.

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?*

Implement the *Crisis Now* model of care in full to provide alternative pathways to emergency department in hospital for care.

https://www.youtube.com/watch?time_continue=12&v=GWZKW8PLIgQ

For those who need hospital care the model of *Zero Suicide Healthcare*, which is focused on systemic change and has been demonstrated to reduce suicides in care to zero in the US, should be trialled in Victoria.

The current hospital-based trials do not emphasise systemic cultural change. The way in which individuals are received, managed, treated and supported through the system requires significant change. That can only be achieved through re-engineering the culture of the health system so that it is centred on a just, safety-driven culture of healthcare.

https://www.youtube.com/watch?time_continue=1&v=KW1zG3R2aNc

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

Culture change is difficult but while-ever there is a culture of blame and retribution those within the healthcare system will not step forward and create the opportunity to learn and understand **what** happened and how if an incident occurs. The current focus on **who** did what is not conducive to learning and continuous improvement.

For long-term sustainable change a culture that is both just and safety-driven is required. Without leadership at every level of the system culture change will not be achieved. Essential to leadership is the inclusion of those with personal experience who can share their learnings with what works and what does not work to prevent mental ill-health and support those who are experiencing mental illness and suicidality.

'The Forgotten Survivors' Author, Shannon Jaccard, says Siblings Need to be Part of the Crisis Conversation[3]

"…….There are solutions that could integrate siblings in the behavioural health crisis and recovery process. Jaccard believes when there is an identified crisis, supports similar to Local Outreach to Suicide Survivors (LOSS Teams) should be deployed to all immediate family members of the person, including siblings. These teams, she says, would provide outreach, support, and include behavioural health experts and people whose loved ones have been in crisis. They've lived through it and can tell families what to expect and proactive steps to take. Jaccard says siblings should be included in all stages of the person's treatment, including confidentiality releases while hospitalized and in recovery action plans. "Siblings have been relegated to experiencing crisis alongside their siblings but can't change outcomes; they aren't just the forgotten survivors but also the forgotten potential mobilizers. By ignoring this population, and not giving them psychological support, experts are also ignoring advocates who will one day be (or perhaps already are) politicians, policymakers, and CEOs who could work to fight against mental health stigma."

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

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[3] Retrieved from https://talk.crisisnow.com/2019/07/03/forgotten-survivors/