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

Name: Springs Medical

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?

People living with mental health conditions and their families are well aware of the stigma and lack of coordinated support and resources. The mental health care system seems to lack kindness and compassion towards patients and carers/families at times. Key engagement to improve understanding of mental health and its effects on our community are needed by:

- Employers
- Funders
- Government -all layers
- Legal, judicial, prison systems, police, schools, universities
- Acute health settings, Mental health services

Understanding and resourcing for mental health is poor in most organisations. Access to rural mental health services is poor. Funding is complex and does not meet the needs of our community.

Mental health care nurses have a role to play in supporting other health care providers.

Communication to GPs form other health providers is often limited and may arrive weeks after the patient is seen

Recommendation:

- **Funding be allocated for training to be provided for mental health awareness in organisations.**
- **Acute and emergency health services receive mental health training that includes compassion**
- **General practice be funded to provide suicide prevention services**
- **Reinstatement of MHNIP funding for GP practices**
- **Review and amendment of MBS mental health item numbers to reflect all clinician time**

Reference: Victoria's mental health services annual report 2017-18: https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-annual-report

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?

The mental health care system has failed to meet the needs of the community for some time. Care is fragmented, funding is inadequate, poorly targeted and intermittently funded. It is difficult to understand who needs and how to to access services. Care coordination is very limited. Carers and families often need to act as advocates for the people they love who have mental health

conditions. This results in carer fatigue, missing work and suffering stress and anxiety themselves. Patients with acute episodes admitted to acute hospitals with mental health conditions are often discharged the same day. It is not uncommon to hear that patients were sent home alone in a taxi without a support system in place, without a discharge plan and without follow up scheduled.

There appears to be no commonly understood (across sectors), effective ongoing strategy for mental health care prevention or effective implementation.

There is little in the mental health care system that Springs Medical identifies as working well currently or for some time. There are many individual health care professionals doing their best to care for patients and community members despite system failure.

From our perspective mental health being managed in the community falls into three categories:

1. Major psychiatric illness (schizophrenia, bipolar, major depression) where the GP has to coordinate with public psychiatry services to manage the patient. The issue with this group of patients is obtaining timely access in emergencies and delivering coordinated care and needs good communication between the public psychiatry and the general practice

2. Less severe but distinct mental health illnesses such as anxiety and depression that can be managed well at the GP level with appropriate access to psychologists and other mental health workers

3. An in between group of very complex patients with a mix of mental health problems, personality disorder, drug and alcohol misuse, previous sexual abuse,or intimate partner violence, poverty, poor social supports, multimorbidity with other illnesses . These are the patients who are very poorly managed with current systems. They fall between the cracks and the GP is required to manage – particularly in rural areas where there are few other options. These patients are rejected by public psychiatry services. They exhaust GPs as they take a great deal of time and require an extensive range of skills from pharmacotherapy through to social work. Their care is poorly funded as they require frequent visits

General practice is the fall back for patients in crisis and often copes with limited support for people with complex needs listed above. The MNHIP worked very well with the Mental Health Nurse located within our practice setting to support patients in the first two categories. Unfortunately the program funding ended and was replaced with STEPMI. This displaced much needed resources for patients and health care providers in our setting.

Mental health patients are allocated limited funded mental health care plan visits to see their usual GP per year. Some patients require only 1-2 visits annually and others have significantly more complex care needs. The current funding model seen in general practice does not offer the flexibility and responsiveness required to provide person centred care.

- Prevention programs would be useful in schools including bullying prevention, sexting, harm minimisation/safe use of social media

- Workplace mental health support/prevention programs

- All public health and government agencies receive training to provide compassionate support for people they communicate with

- Suicide prevention training for all workplaces would be useful

- A holistic care item be funded through general practice. People with mental health conditions are often overlooked for routine health care such as smoking cessation support, dental care, cervical screening, breast screening, routine check-ups as they often arrive at appointments in crisis

The whole community has a responsibility to care for those with metal health conditions.

Recommendation:

- **Adequate funding be allocated or patients seen for mental health conditions in general practice. General practice is the main stay for mental health services and is not recognised or supported adequately. STEPMI/MNHIP program be reviewed and a program similar to MNHIP be funded**
- **Mental health care planning be funded to be patient centred and responsive to individual patient needs**
- **Funding be provided to general practice to support holistic care for patients with mental health conditions.**
- **Acute mental health and emergency services be reviewed and adequate training be provided. This should include some element focused on caring and compassion.**
- **A coherent framework be developed in consultation with general practice and the patient pathways clarified for patients, carers, families and health professionals**
- **School (Youth Wellness) wellness programs such as that run by Springs Medical be funded to support adolescent wellbeing**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**

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

General practice regularly sees and is the mainstay for the majority of patients with mental health issues. This is not well recognised, resourced or supported. Patients with mental health conditions often arrive to see the GP unplanned and in crisis. There may not be a scheduled appointment available with the usual GP. Care in these instances is squeezed into routine consulting. These appointments are often long and necessarily disrupt consulting, resulting in delayed patient appointments. This can be fatiguing and impacts the wellbeing of GPs, primary care nurses and mental health care nurses.

Kindness to family and carers and patients appears to be less than ideal in acute mental health services and emergency departments.

Recommendation

- **Improved funding, resourcing, training for general practice including GPs, primary care nurses, mental health nurses**

- **Adequate funding for mental health care nurses to work on site within general practice particularly in rural locations**
- **School youth wellness programs such as that run by Springs Medical (over many years) be funded to provide prevention strategies and support adolescent wellbeing**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**

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.

Lack of social support and connection and feelings of isolation may contribute to poor mental health across the age spectrum. It is challenging negotiating the mental health care system for all concerned. Crisis teams are often hard to reach and harder to reach out of hours. There appears to be no real sense of urgency to provide crisis care.

Our community has volunteer organisations with limited resources that are outstripped by demand. Even with strong community support systems resources and goodwill goes only so far in meeting needs.

It is challenging for patients, carers and families and health professionals to know which criteria matches the appropriate services that are best suited for particular patients. Funding criteria and programs change.

Care coordination and communication between providers is often poor. Updates about the patient's wellbeing are infrequent. Communication between the acute health service and general practice is often about medication compliance. There appears to be a lack of interest by acute services in how the patient is actually progressing during these interactions. Confidential information is sought which is often difficult to provide due to privacy regulations. This is a frustration to all parties.

There is lack of access to rural mental health services. Transport is extremely limited in our area. Often patients experiencing mental health issues have limited resources and we have limited transport options. It is unacceptable for regional health care services to send mental health patients home by taxi with no support, no discharge plan, and no scheduled follow up at 3am- this has occurred even with patients saying that they will self-harm.

Springs Medical was funded to provide additional mental health support under MNHIP. This program no longer exists as it was replaced with STEPMI. MNHIP provided excellent care for a broad range of mental health conditions through an onsite mental health nurse. As the service was collocated within our practice, communication between GPs, nurses, and the mental health nurse was of a high quality and facilitated continuity of care. The patients appreciated the level of care and support and felt abandoned by the system when it ceased. Communication about the STEPMI

program was poor quality and further disenfranchised patients already feeling the system had let them down.

STEPMI funding provides care for patients with high care needs and requires patients to report for appointments fortnightly. This is not a patient centred approach – one size for care does not fit all. The STEPMI program requirements impact patients who may be trying to work towards normalising their lives or it may impact family or carers who may work but be required to take patients to appointments. It seems like a system setting vulnerable patients up to fail as many patients will not meet the requirements to attend appointments or have resources to attend.

Springs Medical believes that patients are best served to receive onsite mental health services where effective communication occurs with the patient's usual doctor. Care should be patient centred and flexible depending on patient requirements.

Our local primary and secondary school has a student population at risk. Springs Medical provides a GP service for the secondary school weekly which is fully subscribed each week. (This service is currently not funded). Most health issues centre around mental health, prevention, drug and alcohol related issues, as well as sexual health. We have been advised that the Headspace worker may not be funded in 2019. This seems ill conceived. Our community faces many challenges and deserves adequate funding to support those most at risk. The primary school would probably also benefit from a similar program if funding for student wellbeing is available.

It is recognised that some of our local students are impacted by family violence. A recent meeting with the secondary school highlighted an increased incidence of family violence with children adversely impacted. Our practice collaborates with other local organisations to address family violence in our community- this work is also not currently funded. More resources may be provided in collaboration with the school if funding is made available.

Recommendation

- **Social determinants of health, social justice and equity must be addressed (e.g safe and secure housing)**
- **GPs, primary care nurses, and mental health nurses be supported with funding, resources and training.**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**
- **School youth wellness programs such as that run by Springs Medical (over many years) be funded to provide prevention strategies and support adolescent wellbeing.**

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

Social determinants of health underlie all poor health outcomes. Addressing basic human needs such as safe and secure housing, affordable medication, regular health care, education, transport, food and nutrition. Hardship is experienced by some in our community. Health literacy levels also

affect patient self- management. Inter- generational abuse is experienced by some members of our community from Ballarat and surrounds.

We have a relatively small number of people who identify as Aboriginal or Torres Strait Islander (ATSI). ATSI people are more at risk for most adverse health outcomes including mental health. A significant population of our community identify as LGBTIQ. LGBTIQ people often experience discrimination, social isolation, isolation from families and bullying which may affect mental health and lead to depression, anxiety and in some instances suicide.

Improved access to high quality, responsive local mental health care would improve mental health care outcomes. Realistic eligibility criteria (that does not set patients up to fail), clear patient pathways and support for families and carers would benefit rural communities.

Access to suicide prevention program delivered onsite in general practice that is accessible would be beneficial for our community. (and not delivered as outreach -the outreach funding rarely arrives at our community's door)

Support for some of our existing programs such as Hepburn Family Violence (prevention) Action Group (HFVAG), Youth Wellness Centre clinic (at Daylesford Secondary College) and accessing mental health through the GP with support provided by mental health nurse and primary care nurses would be beneficial in supporting our community's wellbeing.

Discussion with our local secondary college reveals that parents often need to decide between taking the student to attend Headspace appointments in Ballarat or their child and other children attending school and whether they can afford petrol to take the child.

There is a waiting list to see the Headspace worker who currently attends the school to see 6 students once a month. If a child requires weekly follow up this impacts children attending school and parents are required to miss work.

Recommendation

- **GPs, primary care nurses, and mental health nurses be supported with funding, resources and training.**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**
- **School youth wellness programs such as that run by Springs Medical (over many years) be funded to provide prevention strategies and support adolescent wellbeing**
- **HFVAG is supported with funding and improved resources. Family Violence prevention is resourced adequately.**
- **Headspace workers attend Daylesford Secondary College fortnightly**

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

Timely care delivered with empathy, compassion and kindness would be a relief for many families. Being listened to and taken seriously about their concern for loved ones would also provide a degree of support.

More practically- crisis services being responsive; acute emergency services being trained in mental health and having adequate space allocated; clearer patient pathways; adequately funded and resourced general practice mental health services, effective drug and alcohol programs that work closely with general practice; responsive and adequately funded mental health programs in rural areas, funded visits to see the GP for mental health care planning that meets the patient's needs and is not capped where the need is greatest; training for primary health care nurses, GPs and mental health nurses, a clear prevention program, funded and supported through general practice (GPs, primary care nurses and mental health nurses), youth wellness programs such as run by Springs Medical and local Family violence prevention programs

Recommendation

- **GPs, primary care nurses, and mental health nurses be supported with funding, resources and training. This means care can happen close to home.**
- **Mental health programs (such as MNHIP) and including suicide prevention programs are run in close collaboration with general practice (and not as outreach which doesn't ever come to us)**
- **Adequate funding for mental health care planning in general practice is provided**
- **School youth wellness programs such as that run by Springs Medical (over many years) be funded to provide prevention strategies and support adolescent wellbeing**
- **HFVAG is supported with funding and improved resources**
- **Adequate respite funding is provided**
- **Mental health care plans are funded and routinely offered and available to carers and family**
- **There is accountability for response times in acute services**
- **No patient is discharged in the middle of the night and sent home (or sometimes to no known address)**
- **That when mental health patients are discharged there is a documented action plan and scheduled follow up (or no discharge until there is). Where it is appropriate, the primary carer should be communicated to about this plan**
- **There are mental health care advocates trained and available in rural areas**

- **There is a clear and responsive feedback system for patients, families and carers**
- **Funding be provided to general practice to support holistic care for patients with mental health conditions.**
- **Acute mental health and emergency services be reviewed and adequate training be provided. This should include some element focused on caring and compassion.**
- **Funding be allocated for training be provided for mental awareness in organisations.**
- **General practice be funded to provide suicide prevention services.**

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

Adequate funding, training and resourcing of the mental health care system (including general practice) is long overdue. The majority of the population sees their GP at least once a year. GPs, Primary Care Nurses and Mental Health Nurses are well positioned to deliver care including prevention if adequately resourced and trained.

Safe debriefing and clinical support for health care providers should form part of the overall mental health strategy.

Recommendation

- **Adequately resource the sector including general practice**
- **Provide support for those providing care**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**

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?

Mental Health programs need to be flexible and patient centred The new STEPMI program requires disenfranchised patients to attend fortnightly appointments. This does not support patients trying to return to work. The previous MNHIP program delivered at our practice by a mental health care nurse supported return to work and learning life skills including support for job applications. It seems counterintuitive that this is the program that was ceased.

Mental health advocates could support people in their attempts to return to the workforce. Flexibility in workplace hours and receiving mental health care and support close to home and work would also support people living with mental health conditions.

Recommendation

- **Flexible responsive mental health care delivered near to home and work. General practice is well placed to deliver this care**
- **Advocates for patients with mental health conditions**

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?

Recommendations

General Practice

- **GPs, primary care nurses, and mental health nurses be supported with funding, resources and training. This means care can happen close to home.**
- **General practice is the main stay for mental health services and is not recognised or supported adequately. STEPMI/MNHIP program be reviewed and a program similar to MNHIP be funded**
- **Mental health programs (such as MNHIP) and including suicide prevention programs are run in close collaboration with general practice (and not as outreach which doesn't ever reach us in our area)**
- **School youth wellness programs such as that run by Springs Medical (over many years) be funded to provide prevention strategies and support adolescent wellbeing**
- **Hepburn Family Violence (prevention) Action Group (HFVAG) is supported with funding and improved resources**
- **Mental health care planning be funded to be patient centred and responsive to individual patient needs**
- **Funding be provided to general practice to support holistic care for patients with mental health conditions. Basic health care needs (such as health checks) are often overlooked during crisis management**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**

Patients families and carers

- **Adequate respite funding for carers and families is provided**
- **Mental health care plans are funded and routinely offered and available to carers and families**
- **Headspace workers be funded to attend Daylesford Secondary College fortnightly**

Acute services

- **There is accountability for response times in acute services**
- **No patient is discharged in the middle of the night and sent home (or sometimes to no known address, with no follow up and no support)**
- **Acute mental health and emergency services be reviewed and adequate training be provided. This should include some element focused on caring and compassion.**

Systems

- **A coherent framework be developed in consultation with general practice and the patient pathways clarified for patients, carers, families and health professionals**
- **The Commission review supports adequate funding to ensure cultural and attitudinal change**
- **Social determinants of health, social justice and equity must be addressed (e.g safe and secure housing)**
- **Funding be allocated for training for mental health awareness in organisations.**

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

Recommendation

- **The approach to mental health care needs to be bipartisan and adequately funded.**
- **Consult with patients, carers and families**
- **Develop clear patient pathways leading to compassionate care**
- **Ensure rural mental health care is adequately funded and that general practice is consulted about how it can contribute**
- **General practice, primary care nurses and mental health nurses are well placed to make a timely difference close to home if funded and resourced.**
- **Support youth wellness and family violence initiatives already in place**
- **Support for training to develop GP Psychiatrists who can access MBS psychiatry item numbers in rural environments. Similar models exist for GP anaesthetists and obstetricians and the need for rural GP Psychiatrists is greater.**

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

Concerns following the transition of the MHNIP program to STEPMI:

- Patients who were receiving support are no longer eligible for assistance via STEPMI
- Letters advising patients of this decision had incorrect information (incorrect first name of patient)
- Waiting list for STEPMI program within local area is significant – up to 12 weeks

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