

Submission into the Royal Commission into Mental Health Terms of Reference Consultation

25 January 2019

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide input into the Terms of Reference for the Royal Commission into Mental Health.

About the VHA

The VHA is the peak body supporting Victoria's health services to deliver high quality care. Established in 1938, the VHA represents 96 per cent of the \$19.4b Victorian public healthcare sector including public hospitals and community health services, with members delivering a diverse range of mental health services from prevention through to acute mental health care. This submission has been developed with the input of members.

Royal Commission into Mental Health

The VHA believes that, following the mental health reforms of the 1990s in Victoria, the system has become increasingly fragmented. Despite the best efforts of a skilled workforce, we now have a system that can be difficult to navigate, is not of a sufficient scale to meet demand and therefore has a significant impact on the acute public health system, lacks appropriate interconnections, has not adapted in line with impacts of other reforms, and has a workforce that is overstretched.

The Royal Commission must lead to change that enables people to receive the right mental healthcare in the right place in a timely manner, benefitting not only those requiring care and those who care for them but the broader health system.

Terms of Reference

The VHA, on behalf of its members, calls for consideration of the following in the Terms of Reference:

- **Prevention and early intervention**
 - A focus on how a concerted approach to prevention and early intervention could deliver

- better outcomes for patients across their lifespan and result in improved use of funds and positive flow-on effects in terms of managing demand
 - Analysis as to the adequacy of the quantum of funds committed to prevention and early intervention activities
 - Consideration of the expanded role community mental health services and outreach, in particular those delivered by the state's 29 community health services, can play in providing prevention and early intervention services
- **Social isolation, depression, anxiety and trauma**
 - Consideration of how mental illness contributes to the development and complexity of multiple physical illnesses including (but not limited to) cardiovascular disease, diabetes and obesity.
 - A focus on person-centred approaches to delivering mental healthcare, with consideration of how services can 'wrap-around' individuals
- **Accessibility and navigating the mental health system**
 - Analysis of the impact of fragmentation, such as how services provided through various funding portfolios across Commonwealth, State and local government impact on the provision of mental health services including the effect on consumers, carers and services
 - Analysis of the impact of inadequate connections between various mental health services, and the effect this has on a consumer's ability to receive holistic and timely care
 - Consideration regarding the development of a common language and understanding of mental healthcare across the health system, to ensure improved patient outcomes
 - The impact that onerous navigation and varying access and eligibility criteria have on patients with consideration given to rural areas where services are far more dispersed
- **Integration between alcohol and other drugs services and mental health services**
 - A focus on ensuring other services which intersect with mental health services such as housing, family violence and disability, take a holistic and consistent approach to mental health
 - Consideration of the existing lack of integration of mental health services with other, related health services such as alcohol and other drugs services and aged care. Fragmentation of a person's care leads to consumers repeatedly accessing mental health services as well as acute health services
- **Community mental health services**
 - Consideration of the key role the state's community health services play in helping to reduce the burden of increasing demand on hospital and acute mental health services

through a focus on prevention, approaches to early intervention, and through treating consumers in the community including through outreach services

- The impact to consumers of transitioning community mental health service funding to the NDIS, and its flow-on effects to the mental health system including workforce
- **Acute mental health services**
 - Analysis of demand for services now and into the future, and consideration of the number of acute inpatient mental health beds and the role this plays in delivering effective and high-quality care
 - Greater recognition and consideration as to the cost and resource impacts of a person presenting to an acute setting for a physical ailment, but with an existing mental illness. As the mental illness is not the primary reason for the presentation, public acute services are not appropriately compensated, impacting on the delivery of care to the person with flow-on effects to others
- **Forensic mental health services**
 - Consideration of the interaction of forensic mental health care with the wider health system, and the impact that this has on care including inadequate provision of forensic mental health in the community leading to increased presentation of complex consumers in mainstream acute mental health services. This can negatively impact other patients, staff and the consumer themselves as it is not a suitable care environment
 - A focus on how early intervention and prevention can benefit consumers and the wider health system
- **Workforce development and retention**
 - Analysis of the risks faced by mental health workers and the adequacy of existing mitigations in relation to occupational violence and OHS
 - The impact that avoidable or inappropriate mental health admissions have on the acute health system workforce, particularly in emergency departments including the capability of the workforce to meet the needs of people with mental illness
 - The effect that under-resourcing mental health care has on the ability of the wider health system to provide high quality and safe treatment and care
- **Deliverable reform to improve outcomes for people living with a mental illness**
 - Consideration of appropriate and effective models of care and chronic disease pathways based on learnings from other jurisdictions
 - A focus on reform in prevention and early intervention (and also recognising the difference between the two)
 - A focus on funding models and opportunities for creating a seamless experience for consumers accessing programs funded by various levels of government and

consideration as to the real and future costs of inadequate resourcing of mental health services to our community

- Consideration of the development of new workforce positions that will enable services, particularly those in rural and regional areas, to appropriately meet the mental health needs of their communities, such as the Rural and Isolated Practice Endorsed Nurses (RIPEN) model
- Consideration of how the recommendations from the Royal Commission into Family Violence intersect with those of the Royal Commission into Mental Health
- Consideration as to how the Royal Commission into Mental Health will intersect with relevant areas of focus in the Royal Commission into Aged Care Quality and Safety
- Consideration of previous reports and inquiries which have assessed components of the mental health system.

The VHA believes the Royal Commission should broaden its Terms of Reference beyond the identified key areas of focus to include a focus on barriers to the provision of mental health support for older people living within aged care facilities, and the impact it has on them. In Victoria, public sector residential aged care facilities (PSRACS) play an important role in providing care to older people, particularly those with more complex, specialised care needs, such as mental illness, however, the scope should also include non-government services.

The VHA also notes that whilst there isn't a theme covering the differing needs of regional and rural areas, each theme should be seen through that lens as the issues differ widely with those of metropolitan Melbourne, particularly related to workforce and accessibility.

The Terms of Reference, and all future outputs, should also include definitions of key terms, especially for clinical terms such as trauma, prevention and early intervention to enable a common understanding by all stakeholders during Royal Commission proceedings.

The VHA and its members look forward to ongoing opportunities to contribute to the Royal Commission into Mental Health and to work with the Victorian Government on reforming the system to ensure that all Victorians can receive the mental health care that they need.

Further information

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