NAPP Submission to the Victorian Mental Health Royal Commission

The National Association of Practising Psychiatrists is committed to the provision of quality health services and programs for patients with mental illness.

Sadly, even in an advanced economy such as Australia, the needs of the mentally ill are often marginalised, or considered 'too difficult' for policy makers to fund adequately.

NAPP calls on the Victorian Mental Health Royal Commission to reach beyond the usual responses to previous inquiries, and adopt the 11 following recommendations and request the opportunity to address the Royal Commission in person.

1. More Hospital Beds for the Mentally Ill

Increase significantly specialised in-patient care for the mentally ill, i.e. more beds to cover not only acute, but semi acute and step-down hospitalisation, as well as more beds for the chronically ill. Increased funding is required to allow for a closer connection between hospital and out patient treatments, and continuity of care for the mentally ill.

2. Better Working Conditions for Skilled Mental Health Professionals

Improve the working conditions in acute inpatient units treating patients with mental illness, thereby improving the recruitment and retention of skilled psychiatric staff and hence reversing the detrimental effects of 'locumisation' on the care of patients and training of junior staff.

3. More Specialised Psychiatric Hospitals and Mental Health Facilities

Open specialised Psychiatric hospitals and health facilities, and reverse the trend to mainstream and generalise mental health as simply 'another health problem'.

4. Better and More Attractive Career Options and Training Opportunities for Mental Health Professionals

Significantly increase training and professional development opportunities to make Psychiatry a more attractive, mainstream career option for Australian doctors and mental health professionals, including removing any HECS liabilities for those undertaking mental health professional training at university or elsewhere.

Provide clinical environments where doctors and nurses training to be mental health specialists can care for patients suffering from a wide range of mental health disorders in order for the trainees to gain the necessary experience to deal with the mental health problems of the broader community. This will require some public psychiatric units and community service units to include the care of primarily voluntary patients as well as acute patients.

5. Recognise Differences in the Treatment of Mental Health and Personality Disorders

Better categorise mental health into the respective categories of personality disorders and mental health conditions.

6. Recognise, Measure and Responsibly Report Mental Health Mortality, Morbidity and Incidence of Suicide

Publish accurate and up-to-date information on the deaths of patients suffering from mental illness, including suicide deaths by state, territory and mental health district, and deaths in institutions.

Establish a suicide research centre, which publishes regular, accurate information for mental health professionals and decision makers on suicide numbers, pathways to suicide, and the nature of contacts over the previous three months prior to suicide, particularly within health facilities or community programs.

7. Recognise the Importance of Intensive Case Management and Hospitalisation in Suicide Prevention

Recognise the importance of intensive case management, and/or hospitalisation for anyone who is at risk of suicide. Parents should not have to beg for their children, who are expressing suicide ideation, to be admitted to care because of a shortage of outpatient and inpatient treatment facilities.

Hospitalising patients for less acute but developing conditions is not a waste of resources. It can be an effective prevention strategy for patients at risk of suicide, self harm and potentially dangerous behaviour, that not only impacts the patient but all those who are in a caring relationship to the patient. It will also help to reduce the total community and agency cost of responding to serious, undertreated mental health episodes and events.

8. Replace Idealism with Realism in Mental Health Programs

Remove theoretical and idealistic rhetoric from policy and programs designed for the mentally ill. Care 'in and by the community' has not been a successful modality for everyone diagnosed with a psychiatric illness. Many patients with severe chronic conditions become homeless as they do not have suitable accommodation that can contain them, or may end up in prison, having committed (often minor) crimes. 'The community' can be a hostile, lonely and desperate place for patients with mental illness, requiring life skills that are beyond the coping capacity of some patients.

9. Recognise Complexity and the Need for Clinical Autonomy in the Treatment of Mental Illness

All illness episodes occur in the complex, adaptive system that makes up our 'community'. Such a system cannot be managed, and its complexities are often hidden or hard to define. What is important is how these illness episodes or events are responded to, in terms of both efficiency and effectiveness. Some patients experiencing episodes of mental illness can be mainstreamed, and may only need a GP visit. Others may need urgent immediate and specialised care. Some will need hospitalisation. Both general practitioners and specialist mental illness professionals need to be able to work together to effect the appropriate response upon diagnosis that will maximise the safety and wellbeing of the patient and the community in general. This requires the ready availability of appropriate treatment facilities, as well as the ability of doctors to act in the interests of patients without interference by managers and/or systems designed to ration care.

10. Replace Failed 'One Size Fits All' Model

In reality, this will require the development of community, emergency department, acute inpatient, sub-acute inpatient, extended care, and residential supervised accommodation services that better meet the needs of the mentally ill. Parallel but integrated services should replace the 'mainstream' model. A major investment in clustered 24-hour clinically supervised accommodation facilities around embedded rehabilitation and recovery services is urgently needed for longer stay and chronically ill patients.

11. Publicly Promote Positive Mental and Emotional Health Behaviours and Hazard Avoidance

An ongoing public mental health advertising campaign must be mounted highlighting risk factors and emphasising positive ways for <u>all Australians</u> to improve their mental and emotional wellbeing.

Known risk factors for mental illness requiring action by government and individuals will need to include and identify:

- Social isolation
- Indulging in drugs of addiction and excessive alcohol consumption
- Preoccupation with pornography and violent media content, which are linked to violent behaviour
- Perpetuating personal and emotional conflict in settling disputes, including divorce and custody settlements
- Participation in anti-social networks and organisations that promote intolerance, division and violence

Known strategies for improving mental and emotional health of individuals, families and communities will need to include and identify:

- Making available the capacity enhancing course 'Mental Health First Aid' at no cost for the families and carers of individuals suffering from mental health problems
- Promoting participation at any age in networks and organisations that promote physical exercise, co-operation and teamwork
- Promoting participation in voluntary community service in partnership with community service organisations
- Adopting a model of citizen visitation and involvement in the management of all public and community mental health facilities
- Funding educational programs in schools and the community, that deliver factual information about the causes, nature and impact of mental illness and thereby, help to reduce stigma and ignorance directed at sufferers.
- Promoting the importance in early childhood of secure emotional attachments between parents or caregivers and the children in their care
- Providing opportunities for people of diverse capacities to participate in employment, training and activities that offer play, interest and engagement (for example, community gardens etc.)
- Provide stimulating environments for children that promote cognitive development, and fund campaigns to encourage Australians to support the welfare of children as a way to promote positive mental health (for example revise Care for Kids campaign)

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