



Victorian Healthcare Association

31 July 2008

Mental Health Reform Strategy
Mental Health and Drugs Division
Department of Human Services
Level 17/50 Lonsdale Street
Melbourne 3000

‘There’s no Health without Mental Health’

The Victorian Healthcare Association Submission on:

Because mental health matters: A new focus for mental health
and wellbeing in Victoria: Consultation Paper

The Victorian Healthcare Association welcomes the opportunity to respond to the *“Because mental health matters: Consultation Paper”*.

The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. Our members are public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes the interests of its members.

In preparing this submission, the VHA has consulted its members and distilled a shared position aimed at improving the health of Victorians. This submission remains the position of the VHA and does not supersede any submission or position stated by any member agency.

Mental Health

The VHA applauds the State Government’s recognition of the need to reform services providing mental healthcare in Victoria and are in broad agreement with the strategies outlined in the *Consultation Paper [the paper]*. The VHA expects the end result of the DHS Mental Health Strategy will better meet the needs of Victorians and also result in a more effective public healthcare system.

An increased understanding of the nature components of mental health is the key to changing the priorities, policies and practices in education, law, social services, housing and health critical to improving conditions conducive to good mental health¹.

Policy Context

A Fairer Victoria specifically identifies the need to increase support for mental health delivery. The Community Health Services – “Creating a healthier Victoria” policy identifies the promotion of mental health and wellbeing, together with early intervention and prevention services, as critical to identifying and effectively managing mental illness.

Overview

The VHA believes it is best to intervene early to promote health and wellbeing and prevent problems occurring within communities “at risk.” As part of the VHA Whole of



Victorian Healthcare Association

Health position, a number of goals need achieving to lay the foundations for Victorian health services to adopt population-based, holistic and equitable approaches. This requires a reorientation of the health system to find a balance between ensuring appropriate care and treatment for people experiencing mental ill health, while simultaneously working towards the prevention of mental health and public awareness of its symptoms.

Indigenous

There is little reference to Indigenous people within the paper, especially the cultural appropriateness of services. This is telling, given the high rates of referral and disadvantage within particular Indigenous communities. The government must recognise the Indigenous-specific determinants of health that are not reflected in mainstream programmes. The VHA supports further research into family therapy models and "Caring for Country" models that link Indigenous Mental Health to culture.

The Australian Social Inclusion Board

The VHA highlights the work of the newly-formed Australian Social Inclusion Board, which focuses on Australia's most disadvantaged geographic areas and communities. The VHA believes this board plays an important role in increasing role in social inclusion and developing social equity. We encourage the Victorian Government and the Australian Social Inclusion Board to work collaboratively to reduce social exclusion and ensure the most marginalised Victorians are reached, through both localised and mainstream programmes.

Promotion of Mental Health, Prevention and Early Intervention

The VHA supports and welcomes the Government's focus on mental health, prevention and early intervention programmes recognises this builds robust, healthy public health policy. Often, within the mental health sector, it is difficult to receive attention without a diagnosed mental illness. Yet, the detrimental impact of mental disorder co-morbidity for patients with Chronic Disease is well researched and evidenced. Primary care services including community health (as the primary point of contact) need resourcing to effectively manage the high prevalence of mental disorders in the population.

To successfully reform mental health policy in Victoria, the VHA we recommends models of service delivery with the capacity to identify issues before they arise and increased focus on the social determinants of health, through Community and Neighbourhood renewal. This will require additional investment, rather than reconfiguring the current structure.

The community health sector already plays a major role in primary mental healthcare through family support services, drug and alcohol services, specific youth services and community development.

Partnership

The VHA is pleased the government has identified partnerships as key areas for mental health reform. This will require partnerships not only at a local or regional level, but partnerships within government departments that focus on a population health approach to mental wellbeing. We acknowledge this may disrupt silos and a balance is needed between acute need and long term prevention. But the VHA believes these departmental partnerships are crucial to enabling local partnerships. This is especially the case within sectors such as juvenile justice, child protection and law enforcement. The development and ongoing maintenance of these local partnerships is time



Victorian Healthcare Association

consuming and requires support and resourcing to ensure their continued relevance and sustainability.

Housing

We are pleased glad to see this was incorporated in the paper. The VHA encourages the government to improve access to mainstream housing and social services, overall. The VHA members identify stable, secure, long-term and affordable accommodation as a crucial determinant of physical, social and mental wellbeing. Mental health issues are both a cause and consequence of homelessness or insecure housing. Housing acts as a facilitator for the promotion of wellbeing and enables effective treatment or intervention. Research illustrates the powerful and adverse relationship that exists between homelessness or insecure housing and poor mental health.

The VHA supports the Council to Homeless Persons (CHP) response to the Australian Government's Homelessness Green Paper. This says that the "National Mental Health Strategy" and the "National Homelessness Plan" should establish and develop mechanisms for service delivery and professional partnerships between mental health services and homelessness services that are focussed particularly on long-term support, healthcare and housing". The DHS strategy should seek to incorporate this process in addressing the links between homelessness and mental health.

Mental Wellbeing in Older Australians

The VHA is concerned that the consultation documents do not provide more specific reference to the care of the elderly with mental illnesses. With a rapidly ageing population and increased life expectancy, the impact on aged mental health services will continue to grow. Aged mental health services must be established and strengthened in areas of projected growth to support all sections of society throughout their lives.

Measuring outcomes

The VHA applauds the Government for recognising that the measurement of outcomes provides a mechanism to inform policy, programmes, strategies and evaluate progress. The VHA believes outcome measurement can also foster innovation at a local level. These outcomes need to be supported by flexible funding models that facilitate innovation and identify the key learning's from trials that warrant future investment. The VHA supports the Community Indicators Victoria work of the McCaughey Centre and recommends further investment in the area of data development.

The VHA recommends the use of population health indicators. Mental health indicators should be part of health impact assessments of public policies to ensure all policies support and enable the mental health of the population. The ongoing development of indicators to assist in developing priorities, establishing targets and measuring progress is, ultimately, vital.

Service Flexibility

The VHA membership has highlighted a lack of flexibility in service delivery, referral pathways and funding criteria. Community Health in Victoria operates intake and referral systems that drive service delivery through multi-disciplinary teams. These intake systems identify broader needs such as housing, neglect and social needs. The VHA believes this approach best meets allocation with limited resources, but stresses that referral of those in need can not be stymied by siloed funding mechanisms. Prescriptive Funding and Service Agreements (FASA) often do not allow flexibility in service delivery or support the development of partnerships. Flexible funding models



Victorian Healthcare Association

that aim to achieve specific client outcomes through packages of care- as demonstrated by the disability sector-should be utilised and invested in.

Emergency and High Acuity Care

The VHA recognises the often difficult role that emergency services (police and ambulance services) play in the management and transport of patients with high-acuity or first onset of mental illness. Currently, dispatch priorities for the emergency transport of the psychiatrically unwell are out of sync with those who are transported for medical reasons. The VHA's members report situations where patients wait exceedingly long times for transport away from rural health services that are ill-equipped to manage acute mental illness. One factor the VHA has identified which compounds this issue is the requirement under the patient transport regulations that prevent mental health patients from being transported by private ambulance services.

As part of this review, Government must address the disparity between how acuity of care is defined for different aetiologies.

Racism and discrimination

The VHA believes there is limited mention of the impacts of racism and discrimination within the paper. As noted by VicHealth in "More than Tolerance," many health disparities are "rooted in fundamental social structural inequalities, which are inextricably related to racism and other forms of discrimination in society" ⁶. The VHA believes that tackling racism requires social change strategies which foster understanding and directly tackle racism.

Mental Health Literacy is an important factor to consider in reducing stigma and improving access for those who need it most. Many access and management disparities can be linked to the health literacy of clinicians and the wider population.

We highlight the Warrnambool Refugee Resettlement Project as a strategy that has achieved the resettlement of refugees fleeing torture, trauma and persecution in a rural community, supported by an anti-stigmatisation campaign. Presently 100 refugee and humanitarian entrants are living in Warrnambool as a consequence of this project.

Four general factors were considered critical to the success of the pilot, which strongly influence mental health. These were:

- A welcoming community
- Employment and education opportunities
- Access to housing, transport and other services and
- The ability for new settlers to connect with their own community⁷

Patient Records

The VHA wants better links for the management of mental health records. This must allow an individual patient's journey to be both coordinated and seamless, facilitating better patient outcomes.

For example, we put forward the case of a patient presenting to an Emergency Department with a skin infection, while also having a history of schizophrenia, now managed by medication. These episodes are not identified on a client record and the individual does not want to disclose this information due to privacy and fear of stigmatisation. Following a waiting period, the individual may become quite agitated and be dealt with in an inappropriate manner. Better information would contribute to the promotion of better care.



Victorian Healthcare Association

The VHA believes this demonstrates why a unique patient identifier will enable more appropriate care delivery.

Care continuum

The VHA is aware that linkages between child/youth services and adult services are currently not optimal. The cut off age of 18, whilst being legally considered an adult, disrupts continuity of care as individuals are effectively required to 'start again', which results in a loss of rapport with the sector. This can also be the case for a client's medical history, where records may not be transferred to adult providers. The VHA supports the proposed shifts to increase the age bracket for child and adolescent mental health to 0-25 years of age and proposes that early intervention strategies are funded appropriately in this age group.

Rural Health

The VHA investment in specific issues affecting the mental health of rural Victorians is vital. As such, issues of drought, social isolation, access to services, population change and the supply of doctors cannot be overlooked.

More integrated, multidisciplinary, community based teams acting on a population health model are needed to focus specifically on the demographics and needs of rural Victoria. As many cases of depression go undiagnosed, rural regions need to be enabled to develop safe environments that provide opportunities for people to connect, through primary healthcare and health promotion strategies such as "Men's Sheds"⁵.

The complications of mental health include family disruption, substance abuse, suicide, illness and premature death, unemployment, poverty, social isolation and homelessness¹. Rural projects are often characterised by small EFT proportions, which affect programme delivery.

With the confounders of rurality and distance; people living in rural and remote Victoria cannot expect the same level and quality of mental health promotion and treatment as those living in metropolitan areas. The government must address this critical disparity affecting over a quarter of the state's population.

The VHA encourages continued investment to assist those living in drought affected-Victoria. Drought has explicit correlations to mental health status, impacting on income, livelihood, self-esteem, purpose and opportunity. This is compounded by major service gaps and poor experiences of care.

What can we do now?

Whilst the VHA appreciates that the paper outlines the need for a 10-year staged plan of action, there are many strategies that must be implemented now. This includes ensuring VicHealth and beyondblue projects influence social policy through Victorian government departments and also invest in easily replicated projects that have proven successful through the UK's Social Exclusion Unit.

There are a number of innovative projects led by the community sector which contribute significantly to the mental health of communities. These successful local projects need investment and promotion across the health sector and among external stakeholders. Increasing peer learning across Victoria will allow important projects to be disseminated and replicated.



Victorian Healthcare Association

Conclusion

It is now generally acknowledged that the burden of mental ill health is well beyond the capacity of treatment. Hence, the VHA argues that the focus should be on the key determinants of mental health: social inclusion, freedom from discrimination and violence and economic participation, as highlighted by VicHealth.

The VHA supports the proposal outlined in the consultation paper and wants a comprehensive Victorian policy to guide investments and services. However, we reiterate that this process will require engagement across many sectors to ensure a comprehensive service system.

We welcome the opportunity to provide further information to the Department of Human Services and to represent the public healthcare sector.

Please contact Research and Policy Officers Matt Cameron, matthew.cameron@vha.org.au or David Towl, david.towl@vha.org.au for clarification or assistance on any of the points made in this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Trevor Carr', with a long horizontal flourish extending to the right.

Trevor Carr
Chief Executive

¹ Herrman, H. (2001). The need for mental health promotion. *Australian and New Zealand Journal of Psychiatry*, 35(6), 709-715.

¹ Whiteford, H. A., & Buckingham, W. J. (2005). Ten years of mental health service reform in Australia: are we getting it right. *Medical Journal of Australia*, 182(8), 396-400.

³ Parham, J. (2008). Keeping promotion and prevention on the agenda in mental health: Issues and challenges. *Australian e-Journal for the Advancement of Mental Health*, 7(1).

⁴ Wiseman, J., McLeod, J., & Zubrick, S. R. Promoting mental health and well-being: integrating individual, organisational and community-level indicators.

⁵ Golding, B., Brown, M., Foley, A., Harvey, J., & Gleeson, L. (2007). Men's sheds in Australia: Learning through community contexts: National Centre for Vocational Education Research, Adelaide, www.ncver.edu.au/publications/1780.html

⁶ VicHealth. (2007). More than Tolerance: Embracing Diversity for Health: Discrimination Affecting Migrant and Refugee Communities in Victoria, its Health Consequences, Community Attitudes and Solutions: Victorian Health Promotion Foundation.

⁷ VSPC. (2005). A Victorian welcome: a resource for settling migrants and refugees in regional and rural Victoria: Department of Immigration and Multicultural and Indigenous Affairs.