

### **Mental Health and Justice Health System.**

I work with mentally disordered offenders in the community and in custody in the ACT. Our work as mental health clinicians is routinely made more difficult by structural issues that see services too often working in parallel and definitively un-collaboratively. I have worked in the ACT and Victoria and visited services and shared ideas with colleagues across Australia and UK, US, Canada and Ireland. I am struck by how, even in Australia State to State, we are unable to develop sensible and safe systems that are anywhere near equivalent. We also suffer for lack of cooperation across States and Territories to improve our vastly different approaches to the same clinical and criminal issues faced by Australian persons we aim to serve.

In the ACT today I am routinely in possession of crucial information and have an important role in the promotion of the wellbeing of mentally disordered offenders that also pose a real risk to themselves and others. I am however prevented from sharing this information by mindless bureaucratic processes that privilege the Justice and/or Health system and has long since lost sight of the persons concerned both the workers and the service users. I am deeply troubled by the wealth of knowledge worldwide in countless enquiries that have shown that failure to work together and share information has resulted in terrible outcomes including the death of vulnerable persons in our communities and these risks were knowable and actions could have been taken in these cases. Our services need a desperate shake up but I can't help but feel the system will not be proactive until a public outcry after a terrible event. Health services need better systems to navigate the increasingly out-of-date ideas about privacy and Justice services need to be more responsive and willing to accept the input of other agencies.

### **Other/Mental Health Workforce.**

In the last year I have reviewed 2 cases of the death of young persons (aged 18 and 19) by suicide in the ACT. I was left with a troubling reflection that is beyond the scope of my employer to remedy and will need a much bigger strategic approach.

In both of these cases the young adults living in the community struggled with social, educational, occupational, financial and family challenges common in this young adult phase. These youngsters were intelligent, articulate and in their own way were looking for help with common mental health problems, namely depression and anxiety. What they found was a bewildering array of service providers that did not do a good job of assisting them in finding the way to the right care. Our public mental health system is constantly criticized, and most professionals would opine underfunded.

From my limited knowledge I understand that we spend quite a lot of money as a nation on mental health care but it is piecemeal. The challenge we face in the effort to reduce death and morbidity from treatable and common mental health problems is that the only services that are available and have the systems in place to catch the riskiest moments (eg post suicide attempt) are not the services that are staffed or funded to provide the longer term therapeutic care for persons like these young people that ultimately died by suicide.

The glaring picture for me when reviewing the processes was that the risk was known, the persons' suffering was seen, they then however had to start all over again in another place with another provider (or often many providers) and this process issue resulted in the loss of momentum and therapeutic effort. I can't help but wonder about the families left behind and their lifelong grief. This moves me to make this submission and ask that we think about a better way to help persons in crisis who are at a real risk of suicide. My service cannot do it the way things are set up currently. My colleagues are hurting and leaving at alarming rates because they see so many bad outcomes and

are asked to do the impossible. I was also saddened to do internal reviews for the public mental health system and be constrained to making suggestions for internal improvements only. No changes made by our public mental health system can prevent the deaths of future young persons that seek support of our service after attempting suicide or having strong thoughts of doing so.

Thank you for the opportunity to contribute.

Yours truly,

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