

**Mental Health Inquiry**

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**Productivity Commission**

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## **The Social and Economic Benefits of Improving Mental Health.**

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- Develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term.

## Submission Part B

**Examine the effect of supporting mental health and social participation, productivity and the Australian economy;**

While good mental health enhances social participation and productivity to the Australian economy those with mental health issues are less likely or are unable to participate socially or be productive.

Poor management, lack of care and treatment of those with mental health issues has a massive social and financial impost on the patient, their family and the overall economy.

### Experience:

Following the worst possible outcome for a family member whilst in the care of a public mental health facility the impact and outcomes were:

- Family: loss and deprivation of loved family member shattering the family unit; psychological issues requiring counselling both to immediate and extended family members; ongoing health issues resulting in chronic illness; reduced work participation by several family members and retirement by one family member from nursing ten years earlier than planned after 25 years' experience; loss of career aspirations; loss of income; loss of superannuation; loss of living standards; social dislocation and isolation; mistrust in the health system
- Patient: loss of a lifetime of social, community and work participation and income
- Friends: psychological issues and mistrust in the health system
- Community: loss of an active participant in volunteer work and community organizations such as Red Cross blood donor, CFA and Army Reserve
- Emergency services: police and ambulance - time, effort, cost; psychological impact; work participation and mistrust in the health system
- Train driver: psychological impact; work participation and mistrust in the health system
- Public Transport Victoria: disruption to services and commuters; and flow on costs
- TAC: time, effort and cost
- Coroner's Office: time, effort and cost
- Medical Insurers: time, effort and cost (adding further cost to the Health System with bad outcomes)
- Health System: time, effort and cost with no benefit to the patient, families or broader communities. However, the health service continues to be funded from the public purse despite a high percentage of bad outcomes.

## Reform

In order to achieve optimum mental health for Australians and to support economic participation and therefore enhance productivity and economic growth major changes are required in the planning, management and delivery of mental health services in order to be effective and efficient. In line with the proposed reforms outlined in the 5<sup>th</sup> Mental Health Plan we support:

- Community based mental health programs which treat the patient in their own local environment
- Patient centred care with the patient treated as an individual with a mental illness and specific needs (right care, right time, right patient)
- Input of those using the services and their carers into the management and delivery of the mental health services
- Holistic approach to their care involving GP's, mental health professionals, dieticians, social workers and peer group workers mostly contained within the one hub
- Evidence based care, with clinical supervision
- Flexible models to address diverse clinical needs
- Flexible funding

We also advocate for:

- Ongoing long-term consistent funding which is maintained with change of government
- Representation by a Carer and/or person with lived experience on the Board
- Transparent and accessible complaint system with representation by a Carer and/or person with lived experience
- Regular independent audits of the service with regard to service provision, patient outcomes and financial management which should include patient/carers surveys
- Requirement of the mental health service to report on the outcomes annually and make it publicly available
- That staff and organisations are accredited and are vetted to ensure that they are dedicated and committed to youth mental health and positive outcomes
- That all staff are skilled to work with young people, are able to communicate effectively (no language barriers), are responsive to their needs, can identify individuals at risk of suicide and are able to respond quickly and effectively in an emergency situation
- High level of training for mental health professionals and high level of supervision by senior clinical consultants especially in the case of previous suicide attempt and ideation
- Electronic Health Record (A requirement whether it be an Electronic or written health record that the staff avail themselves to read the contents before and during treatment and care of the patient to ascertain all relevant information and facts)

In addition, to enhance social connection and avoid economic and social loss we would also highlight the need for:

- Providing the required treatment and structural support in the early stages of an illness and as the patient's condition improves encourage resilience, social participation and self-help programs
- Access to community programs through partnerships with neighbourhood community houses, clubs or associations (eg: Computer, woodwork classes, Art and Cultural Centres and Sporting Clubs) as well as access to further education, employment programs leading to traineeships, apprenticeships and internships and housing assistance with access to subsidised housing or supported living
- Develop partnerships to provide work experience in different sectors; business, agriculture, horticulture
- Use of mentors or buddies to aid in participation of employment and social programs
- Collaboration with the patient or carer as to their social needs and encourage participation
- The pathway to long term recovery being the main goal

#### Outcome

With targeted holistic care, treatment and support in a familiar community setting with patient and/or carer input and with the emphasis being placed on long term recovery, rather than in an expensive clinical setting with short term goals, the patient is better placed to recover.

The focus on long term recovery has the ability to enhance the confidence of the patient and their carer's, limits isolation, builds resilience at both an individual and community level and avoids the loss of social welfare.

#### **Assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy**

Value for money in mental health provision incorporates both the direct cost of service provision, as well as the costs born (social, financial and economic) by the patients, their families, friends and the broader community, against the benefits from effective treatment.

In order to achieve value for money the true cost of both the provision of services and the costs carried by others must be considered. Currently:

#### Direct costs:

Amount spent by both public and private health providers in the provision of mental health care.

### Private Economic and Financial costs:

Patients face a range of costs when entering the mental health system. These costs include loss of salary, missing education, transport costs, in addition to GP bills and medication costs.

Carer's, family and friends are also faced with costs associated with transport and lost income during the period of care. When care is inadequate or there is concern about their care these costs are amplified as carers and families must invest significant time in lobbying and advocating for the patient. This is both inefficient and a poor reflection on the level of equity in the system - as those patients without suitable support networks do not have the advocacy and rely on the system working.

In our experience over 5 days of care over 8 hours was dedicated to chasing, pushing and seeking answers as to the care plan; even with this persistent follow up we were unable to get consistent and effective answers. This in turn caused a high degree of anxiety and meant that even whilst participating in paid work over this time, we were unable to be effective.

In the event of a poor outcome these costs escalate dramatically. In our experience after the loss of our son from ineffective care we faced the following costs:

- 4 direct family members did not work for periods of 1 month to 8 months due to trauma - estimated total cost of \$150,000 + superannuation and interest
- 1 direct family member (a highly skilled specialist nurse with 25 years' experience) was unable to return to work and lost at least 10 years of income and superannuation- estimated total cost of at least \$750,000 + interest earnings.
- Other extended family and friends also required extended periods away from paid work due to grief and trauma.
- Our son lost a lifetime of income, earnings and contributions.

In addition to lost income, superannuation and interest earnings, as a family we incurred substantial costs including:

- Health and psychological costs
- Funeral and memorial costs
- Massive legal costs
- Hundreds of hours spent advocating for changes and improvements to the Mental Health System, Regulatory System and Coronial System

In addition, the economy was negatively impacted from the inability of 5 skilled workers in jobs earning above average incomes being able to work. This loss of human capital to the economy reduces the effective value of their education and skill set used in their jobs.

One family member due to their trauma was unable to return to work for in excess of 6 months and needed to claim Centrelink allowances over this time- another cost to the taxpayer.

### Social costs:

The social costs of poor treatment are large, significant and under-discussed.

Patient: the loss of a loved and valued member of a family and a community, a young man who freely gave his time to a number of charities and community groups causes a social loss greater than one can imagine. It shattered the family unit. He lost his ability to contribute positively to society, to utilise his education, and achieve the typical social and life milestones he had envisaged in his future.

Families, friends and community: Ineffective mental health treatment traumatises those who know the patient. In our experience the failure of the mental health system led to:

Social disconnection:

- withdrawing from friendships and community groups due to trauma, loss of trust in other people and lack of understanding of the grieving process
- loss of connection to the friends and networks of our son
- the loss of envisaged future life events, and a re-trauma on anniversaries and other milestone events
- loss of trust in community services and in particular the health, justice and regulatory systems

These costs are real and significant. We believe the true cost (financial, economic and social) of mental health care is significantly understated, and in particular the costs imposed on families and the community from poor outcomes are not effectively considered. A system which forces families to invest heavily in advocating for care, and when this is not realised results in significant financial, economic and social costs for immediate family, extended family, friends and the community cannot be said to be delivering value for money. When the downstream costs of poor outcomes are properly included in any evaluation it is clear the system as it stands does not represent value for money.

### **Examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups**

While the focus of funding for mental health services has been concentrated on acute clinical services, they are not effective and do not achieve the required outcomes to the health and well-being of Australians with a mental illness.

The large amount of funding for the plethora of non-government organisations delivering services in community settings needs to be addressed and independently assessed for positive outcomes and value for money.

There is a high degree of duplication and a disproportionate weighting of resources to internal structures and management at the expense of front-line services. The

opportunity exists to make these organisations much more efficient with the merging of back of house functions.

Suicide Prevention and early intervention programs should be at the forefront of the mental health system and funded on merit accordingly.

**Examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity**

- Education: teaching students what constitutes a healthy lifestyle; that mental illness is an illness like any other and can be treated and there is no stigma attached to having a mental illness; acknowledging it and seeking professional help. Carry out mental health checks on adolescent students as this is often when mental illness manifests. The use of Psychologists in schools would give students access to professional help at an early stage. Remove mobile phones from students during school hours. Teach children interpersonal skills and reinforce that face to face communication is more rewarding and enriching because it involves facial recognition and expressions as well as emotions and you get an immediate response. Whereas with the incessant 'click bait' on social media platforms you cannot be sure who you are communicating with and it involves an inanimate object of a screen, plastic and metal with a delayed response. Continue to educate children on the hazards of the internet and how to manage cyber-bullying.

Education is designed to help ready people for their future earning careers. Poor mental health awareness and lack of early intervention has the potential to diminish the level of education attained and the value young people are able to take from their learnings and apply to their future in the workforce.

- Coroners Court: Coroners need to be competent and impartial and be prepared to identify systemic management and staff failings in psychiatric facilities rather than being an apologist for them in order to improve the system and health outcomes. Any failings identified or commented on or failures to comply with the official Policy and Procedures of the organization should be subject to Recommendations for change in which there is a requirement to respond on how these failings occurred and will be addressed. Without such Recommendations the systemic and staff failings are not addressed and perpetuate throughout the organization and permeate through the system, with staff taking the position that poor conduct and performance is acceptable and has no consequences which results in further unnecessary poor outcomes and deaths. This also provides a level of protection for those under-performing managers and staff. The Coroner's should not be able to apply a 'no blame' approach if there is clear evidence of a failing or deficiency in the delivery of care or treatment in a health care facility

- The Coronial process does not achieve the requirements defined in the Coroners Act in that it fails to effectively identify matters of public safety; it is not cost effective; it is not efficient; it appears to be a one sided process with health facilities able to state their case but families have no recourse to challenge untrue or distressing information regarding the deceased which remains on the public record and internet; the coronial process appears to favour big institutions and insurers who are cashed up with public funds and employ expensive barristers and their support staff; a Coroner can decide not to comment on witnesses (a 'no blame approach'); it is adversarial and retraumatizes families; systemic failings are often not acknowledged; fails to deliver timely change; it requires expensive legal costs to participate in the process and if unable to afford legal representation families do not participate; diminishes value of deceased's life; negative experience of coronial process presents itself as 'unmet justice' to families and broader community; is self-protective with no oversight, if any complaints are made rather than dealing with the issue they direct you to a higher court – Supreme Court – with its associated massive costs

The continued protection of the system as is, and the unwillingness of the justice system to suitably intervene and comment on poor performance reinforces poor outcomes and perpetuates the downstream costs to both patients, families and the community.

### **Develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term**

The current measures of the effectiveness of mental health provision are not adequate and distort both funding and behaviours of health providers. The focus on separations (volume/ bed turnover) at the expense of outcomes drives a behaviour of 'get them in- get them out' as opposed to interventions that drive long term health outcomes. Any program focused on volume over outcomes will be susceptible to distortion and gaming for funding.

The current practice of quoting deaths per 100,000 in population of the catchment and not the number of poor outcomes and deaths in the throughput of the facility is misleading and problematic.

This lack of transparency on patient outcomes means patients and families lack real and timely information to evaluate the suitability of facilities.

The information asymmetry that exists in the system contributes to inefficient decision making, denies patients and families true choice in their care and is a significant factor in the lack of trust in the mental health care system.

Whilst it is understood that the 5<sup>th</sup> National Mental Health Plan seeks to address the issue of choice by commencing care at a GP level, without transparency of performance throughout the system (particularly at the acute care level) poor outcomes will continue to prevail.

Governments (both Commonwealth and State) should closely monitor and report on all aspects of the new community-based system to ensure the required standards and performance are being met especially with regard to patient outcomes, service provision and financial management.

## Conclusion

The outcomes of Australia's mental health system given the level of investment made is appalling. The segregated system that has for too long been focused on volume over long term positive outcomes has resulted in mismanagement of care in the pursuit of financial KPI's.

The true social and economic cost of poor outcomes in the system far exceeds the direct financial cost attributed, and are borne by patients, families and the community. These costs compound over time and are devastating to the welfare of the individuals involved, their families, friends and the overall community.

Any new system should be centred around safe, transparent, effective care by skilled, adequately trained and suitably motivated staff with the provision of senior clinical supervision.

While the new system involves autonomous community-based care through Primary Health Networks (PHN's) and Local Health Networks (LHN's) the Government (both Federal and State) must ensure that there is robust oversight of the system. The system should be independently audited with regard to patient outcomes, service provision and financial management.

Accountability must be embedded through all levels of the service with proper oversight by Boards and Management. This accountability must be linked to an effective, transparent and equitable complaints system with additional referral rights to an affordable appeals mechanism.

It should also be recognised that any failure to address poor performance within the system (at an institutional level or via the Coroners Court) further exacerbates poor outcomes and perpetuates the economic and social cost to the effected families and the community.

In order to restore trust and confidence back into the Mental Health System in Australia we need a transparent, collaborative system which encompasses all of the stakeholders, with funding linked to positive patient outcomes as well as effective and efficient management.

We welcome the Productivity Commissions review into the Social and Economic Benefits of Improving Mental Health and implore the Commission to recognise the true social and economic costs significantly exceed the direct financial costs. With four million Australians dealing with some form of mental health condition and more than 3,100 deaths from suicide in 2017 (much higher than Indigenous Australians) (ABS 2018) at an estimated cost of 9 billion dollars per year mental health is too important to continue to be measured on anything other than patient outcomes.