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Response to the Productivity Commission: Draft Report on Mental Health

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INTRODUCTION

The Zero Suicide Institute of Australasia (ZSIA) is the national agency leading the development of the *Zero Suicide Healthcare* and *Crisis Now* frameworks in the region. These global initiatives focus on the relentless pursuit of excellence to reduce suicides & improve the care for those who seek help from healthcare systems. ZSIA works with healthcare systems to enhance the quality and safety of those who are experiencing a mental health crisis and those who live with suicidality.

A critical component for individuals and their families and for those working in mental health care is to have effective pathways to care that do not begin and end in the emergency department of a local hospital. In the latest AIHW report on mental health services it noted that six out of every ten people who present to emergency with a mental ill-health condition are not admitted to hospital.¹ This is neither effective for the person nor cost effective for the hospital system.

A new approach has been developed in the United States that provides an effective alternate pathway to care. *Crisis Now* has four key elements that when implemented in full have demonstrable benefits for the individual, for the hospital system and for the staff in that hospital.² The *Crisis Now* model incorporates:

1. A Crisis Call Centre Hub that connects people in crisis with health professionals to ensure timely access and maintains a detailed data collection
2. Mobile crisis workers who can be deployed to the location of the person to de-escalate the crisis and connect the person and family or carers to ongoing community-based services
3. A stabilisation unit where the mobile crisis worker can take the person for more comprehensive support and assessment of the need for inpatient services
4. Evidence based treatments and supports available 24hours per day.

Partners in the model operate in a crisis continuum and include law enforcement, ambulance and hospitals. Where the model has been implemented it has demonstrated a 40-45% reduction in costs to the hospital and to demands on partner services.

This 3-minute video provides an overview of the model and demonstrates the benefits to individuals and partners involved in its implementation:

https://www.youtube.com/watch?time_continue=12&v=GWZKW8PLlgQ

Article 25 of the *Universal Declaration of Human Rights* which says the enjoyment of the highest attainable standard of health is a fundamental human right. In a report to the UN General Assembly Human Rights Council the Special Rapporteur:

....highlights the need for and States' obligations to create and sustain enabling environments that incorporate a rights-based approach to mental health, and which value social connection and respect through non-violent and healthy relationships at the individual and societal levels, promoting a life of dignity and well-being for all persons throughout their lifetimes.

Paragraph 24: To be compliant with the right to health, determinants of mental health must always be available, accessible, acceptable and of good quality³

¹ AIHW Report on Mental Health Services

² Crisis Now diagram retrieved from www.zerosuicide.com.au.
https://docs.wixstatic.com/ugd/443c3b_e29e70fdb987421c9a25700a583d1900.pdf

³ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. United Nations General Assembly Human Rights Council. July 2019

ZSIA RESPONSE TO PROPOSED REFORMS

In response to the proposed reforms ZSIA offers the following comments:

Reform area 1: prevention and early intervention for mental illness and suicide attempts

1.1. Stigmatising behaviours

ZSIA operates in conjunction with the healthcare system. Each state healthcare system has an extensive workforce, which through its members, can access a very wide cross section of the community.

Assessing stigmatising behaviours within the healthcare system through administering the Suicide Stigma Scale, developed by the Centre for Mental Health Research at the Australian National University, would highlight for healthcare workers their own stigmatising behaviours and provide a foundation for training programs to address these behaviours.

Once training is completed within the health system, the knowledge and behaviours of healthcare workers could be an avenue to support the education of people within their wider sphere of influence.

1.2. Policy practices supporting prevention

The health system is not the only provider of services that can support and prevent individuals from taking their own life. It requires a comprehensive, multi-pronged approach that addresses the social determinants of health as well as the health requirements. There are many areas of government that could be brought together to collaborate on suicide prevention in consultation with local health services and Commonwealth Government funded Primary Health Networks.

To facilitate this *Suicide Prevention Impact Statements* should be standard practice across all areas of government when developing policy or assessing programs and services for funding. This would strengthen the role of the social determinants of health in suicide prevention and provide agencies with insight into the impact of their decisions. It would also provide an avenue to facilitate interagency cooperation in areas such as employment, education, justice, social services, finance and others alongside health.

The inclusion of impact statements on suicide prevention at the design stage of policy and program development would help to ensure that employees who are vulnerable to suicide, and who do not enter the healthcare system, have a pathway to confidently access service support through their agency as staff will be informed about working with and managing people experiencing suicidality

Reform area 2: close critical gaps in healthcare services

As the report notes in its overview on page 17 –

There are significant service gaps. From the point of view of people needing care, an improved system would mean access to services that are consistent with their treatment needs when they need them; continuity of care, based on effective information flows between clinicians and other services; and person-centred care that accommodates individual needs.

2.1 Improve the ED experience and provide alternatives

Like a health crisis, a mental health crisis can be devastating for individuals, families and communities. While a crisis cannot be planned, it is possible to plan how we organise services to meet the needs of those individuals who experience a mental health crisis.

The Crisis Now model is a [comprehensive and integrated crisis network](#) that has been demonstrated in the US to save lives and dollars. Piecemeal solutions are unacceptable. Research has demonstrated the effectiveness of the core elements of systemic quality crisis care as being:

- High tech crisis call centres
- 24/7 mobile crisis team
- Crisis stabilisation centres
- Essential principles and practices governing care pathways

These quality crisis systems are further enhanced by harnessing data and technology, drawing on the expertise of those with lived experience, delivering services where the person is and providing evidence-based suicide prevention.

The stabilisation unit in the *Crisis Now* model noted above does not need to be co-located with a hospital removing the stigma that many experience when presenting to emergency departments. The stabilisation unit is staffed by trained health professionals including mental health nurses, social workers, psychologists and peer workers who are also linked directly to localised community-based services. This ensures that when a person leaves the facility, they do so connected to community-based services that can support them and help keep them safe.

2.2 Data and implementation science deliver continuous improvement

Closing gaps in health services require access to good quality, timely data. Continuous quality improvement has its foundations in data collection and analysis and importantly, its application

- Open access to data needs to be available within the constraints of privacy legislation
- Clinicians and teams must use data to monitor ongoing performance, refine services and evaluate impact, always with a view to enabling improved outcomes
- Learning is facilitated through expansion of new and ongoing implementation approaches across the country and a commitment to shared learning through publication of outcomes
- New approaches are explored and supported through increased investment in research, particularly translational & implementation science research for real-world relevance.

Reform area 4: assistance for people with mental illness to get into work and enable early treatment of work-related mental illness

The Cert IV in peer worker training for Mental Health needs to be enhanced with modules in suicide prevention. Currently there is no requirement for undergraduate or post-graduate courses in psychology, nursing, medicine or the Cert IV course, to complete any training in working with people who are suicidal. Without training those who are employed within the workforce will not be in a position to effectively support someone with suicidality.

Training programs need to be designed to specifically address working with those who are suicidal and particularly for those who have experienced suicidal behaviours and wish to work in a service to support others with suicidality.

Employment pathways however need to ensure that the safety of the staff and the individual remains paramount and therefore screening for readiness to be involved as a peer worker is an important and essential consideration.

Reform area 5: fundamental reform to care coordination, governance and funding arrangements

A significant area of reform is cultural change within the healthcare systems. This does not come readily and needs to be fostered and supported. If the rebuild model is adopted, then opportunities to support culture change within the system must go hand in hand.

As noted in an earlier part of this response policy change is required at every level and across all government sectors to effectively rebuild the system. *Suicide Prevention Impact Statements* should become standard practice within all levels of government.

Conclusion: Everyone Everywhere Every time

A crisis cannot be planned. It is however, possible to plan how we organise services to meet the needs of those individuals who experience a mental health crisis. That planning must be available to everyone, everywhere, every time it is needed.

ZSIA supports the concluding statement developed at the IIMHL Washington DC *Crisis Now* meeting in September 2019.....⁴

All major institutions in society, whether those be places of employment, government agencies, health systems, faith communities or social and educational organisations, **must** support a crisis response system so that access to compassionate, person-centred mental health crisis care is affordable, accessible, accountable, comprehensive and rooted in best practices.

Mental healthcare must be moved out of the shadows and into mainstream care focused on the whole person. Parity should be the norm and that means, for individuals experiencing a mental health or substance use crisis, access to timely and effective care based on the person's needs must be equivalent to that of a person with a physical health emergency.

Finally, our mindset and culture must be one of a recovery-oriented approach to crisis care. The risks of harm to self or others are recognised, but the basic approach is fundamentally different. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their feelings of anxiety, panic, depression and frustration. This creates a sense of empowerment and belief in one's own recovery and ability to respond effectively to future crises. A recovery-oriented approach to crisis care is integral to transforming a broken system. Not only must we expand crisis care, but we must forge a better approach to crisis care by ensuring implementation of fidelity to best practice standards.

⁴ Personal communication. IIMHL Crisis Now meeting; Washington DC; September 2019.