

## Productivity Commission Enquiry into Mental Health Spending

While I am not aware that submissions have been invited to this enquiry, I do wish to take the opportunity to put my views forward for consideration both to the Commission and to politicians of all persuasions.

I wish to protect my daughter's privacy and will not refer to her personally, however, her situation I believe is one that is universal in our National and State Health Systems.

I have had a daughter in the Mental Health System in Queensland since December 2000. She now has a diagnosis of Bi Polar Disorder, although I am not sure this is really accurate and despair of the drug therapy she has endured if this diagnosis is not accurate.

Our daughter has been in and out of almost every possible Psychiatric Hospital Ward in the past 18 years commencing with the Brisbane Adolescent and Mental Health Unit at Royal Brisbane Hospital in January 2019. The following problems that exist in mental health are where, in my opinion, money should be focused:

- Those with mental health issues will not always be proactive in seeking help. The system currently depends on their doing so. They are often hospitalized through intervention by police or ambulance.
- A patient is assigned a doctor or team of doctors in a mental health facility. Because of the privacy laws, the status of the immediate family is usually "visitor" only so there is little or no communication beyond that of the doctor with the patient.

- It seems that in hospital, the mental health patient is assigned a Case Worker, but the ongoing relationship between the patient and the Case Worker either seems “hit and miss” or terminates on discharge.
- Once a regime of drug treatment has rendered the patient fit for discharge, the Mental Health patient is then assigned a Psychiatrist in a practice that seems to be an extension of the hospital. While monthly visits may be required, the mental health patient could well be seeing a different Psychiatrist every month.

The problem is the lack of continuity in the relationship of care for the mental health patient. **Remembering that he/she may not often be pro-active in seeking care**, unless there is an ongoing “companion”/case worker who will follow through with a relationship of care and trust, I do not believe that recovery is likely and the mental health patient then becomes part of a cycle of hospitalization...drug therapy....discharge....period of wellness with some connection with ongoing random psychiatric care.....no proactive follow-up by the Health System if patient does not turn up.....situation disintegrates....police or ambulance intervention...hospitalization...and hence the cycle continues. From my experience, the two critical areas of need for mental health patients are:

- 1) Ongoing psychiatric or GP or Psychologist or Mental Health specialist that does not require the patient to relate to someone different at every appointment following discharge. If the patient does not attend required subsequent appointments, the “companion” should continue to connect and offer support through proactive follow-up.
- 2) The ongoing care may not need to be as frequent if money was invested into this “companion” style Mental Health Social Worker who would follow through with the patient with trust. Ongoing communication by the “companion” with the relevant medical professional would then hopefully avoid ongoing relapse. Wellness through consistent connection may then become the norm for the patient.

What is missing is that one aspect of “companion” follow-up that could remain consistent. This person must be at least a qualified Social Worker – not someone who has completed a short TAFE Course. This then indicates a further need for dollars to be spent in ensuring that there are enough adequately trained Mental Health Social Workers who will invite the trust of the mental health patient.

My ideas may not stack up economically initially, but they well could if relapses can be prevented and patients with support can learn to live as a well person. No matter what, the needs of the person should always be a priority above what might be seen as economical and cost cutting.

Could the enquiry please look into the gaps that currently exist in a cycle for mental health patients as I have outlined and consider some further financial recommendations that would support genuine, consistent, ongoing care following hospital discharge.