

Submission to the Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health

The Mental Health Complaints Commissioner (MHCC) is pleased to provide feedback on the Productivity Commission's Issues Paper for the *Inquiry into the economic impacts on mental health*.

The MHCC is Australia's only independent mental health complaints body and has accumulated knowledge and experience about people's experiences in and concerns about the Victorian mental health system from both the concerns raised by consumers, families and carers and the responses from services to these issues. The MHCC holds a wealth of data (over 13,000 complaints¹) that can provide vital insights into people's experiences with the Victorian mental health system and highlight areas that could improve people's experience¹.

Assessment approach

As an overarching comment, the MHCC notes the importance of the Productivity Commission listening to the experiences of people experiencing mental ill-health, their families and carers in assessing what interventions are effective in supporting people's recovery. While the evidence bases for many interventions and approaches preferred by people experiencing mental ill-health may be emerging rather than established, these approaches require consideration alongside the provision of clinical mental health services. We note that people can and do live meaningful and contributing lives either with or without the presence of symptoms.

Scope and focus

The MHCC has jurisdiction to accept complaints made about public mental health service providers, which means that the complaints received by and reported to the MHCC are made by or on behalf of people in the community who experience the most severe impacts of mental ill-health. We strongly support the Commission's inclusion of the proposed focus on measures that could improve the integration and continuity of support for people with severe, persistent and complex mental illness and which better considers the episodic nature of some mental illnesses.

We also strongly support the proposed focus on young people, and on disadvantaged groups that may have more difficulty in accessing services that could improve their mental health. We agree with the focus on addressing access for people from low socioeconomic backgrounds and people residing in remote areas. However, people may have difficulty accessing services not just because of geographic or economic constraints but also because the services available may not be suitable or safe for that person to access. In ensuring equitable access to mental health services to support the recovery and participation of all Australians experiencing mental ill-health, the specific barriers faced by several groups to accessing appropriate services, as well as established strategies and approaches for removing or reducing those barriers, must be considered. Groups that may face difficulty in accessing appropriate and safe services include Aboriginal Australians, LGBTIQ+ people, older people, people with disabilities, culturally and linguistically diverse people and refugee communities. The MHCC's 2018 *Right to be Safe*

¹ Please see the MHCC's annual reports for the details of the MHCC's role and functions, and complaint data and themes. <https://www.mhcc.vic.gov.au/resources/publications>

report, which examined issues of sexual safety within acute inpatient mental health services also highlighted how the mental health system must consider the impact of gender on a person's treatment journey to ensure that women, in particular, are safe and feel safe while accessing inpatient treatment.²

We also note the importance of considering how best to ensure that mental health services provided to people experiencing severe mental ill-health are high quality and safe. Complaints reported to the MHCC include complaints about significant avoidable harms experienced within mental health services, including adverse outcomes associated with the use of restrictive interventions (restraint and seclusion) as well as allegations of physical and sexual assault. These harms have significant impacts and costs, primarily for the person who had the negative experience, for whom the impact can be life-long. However, these events can also impact the wellbeing of the mental health workforce.

Specific health concerns

Physical health

The MHCC strongly supports the proposed focus on improving the physical health of people experiencing mental ill-health. From 2014-15 to 2017-18, the MHCC has received over 170 complaints relating to physical health needs not being addressed, the majority of which related to these needs not being addressed during inpatient admissions. Specific health needs identified include:

- treatment and medication for co-existing health conditions not being provided during an inpatient admission (including spinal/neurological conditions, bladder/bowel infections, heart conditions, asthma and respiratory issues and sleep disorders)
- delay or inadequate treatment for injuries associated with assault or restraint
- women's health needs not being adequately met, including needs relating to pregnancy and lactation.

Broader themes in complaints to the MHCC include people being concerned about the side-effects of medications provided to them to manage their mental illness, including weight gain and associated health impacts, and their belief that their views and preferences around medication have not been adequately considered in treatment decisions.

Better implementation of supported decision making (supporting people to make and participate in decisions about their treatment, even when treatment is being provided on a compulsory basis) within mental health services, may lead to an improved focus on people's broader concerns about their health and enable more holistic treatment planning and support to address physical health concerns.

Suicide prevention

The MHCC acknowledges the importance of suicide prevention strategies being implemented on a population basis. However, there are also specific areas within public mental health services that must be addressed to prevent suicide among people who access these services. The MHCC has received complaints relating to the death by suicide of people who have accessed or attempted to access public mental health services. Themes from these complaints include the need for mental health services to:

- work more closely with families and carers in listening and responding to their concerns about their loved one to facilitate faster assessment and care

² Mental Health Complaints Commissioner *The Right to be Safe: Ensuring sexual safety in acute mental health inpatient units: sexual safety project report* March 2018
<https://www.mhcc.vic.gov.au/resources/publications>

- improve discharge planning processes to ensure that families and carers are involved in, and can contribute their views to the discharge plan
- improve understandings of trauma and trauma-informed care to help people to feel safe and willing to access mental health services when required (see further below in 'health workforce').

Improvements that have resulted from individual complaints include recommendations to services to:

- reduce the amount of medication dispensed to consumers being discharged from the acute inpatient environment to minimise the risk of overdose
- ensure that where people receiving inpatient care do not consent to their family or carer being involved in their care, services have processes in place to regularly revisit this and seek consent to involve carers and families, particularly in the lead up to discharge
- take all reasonable steps to undertake a face to face assessment prior to discharging a person from a community setting, to ensure appropriateness for discharge, the adequacy of community supports, and that there is no imminent risk of relapse

Health workforce: Themes from complaints point to the importance of the mental health workforce being supported and enabled to work in ways that are person-centred and support individual recovery. To achieve these aims, we suggest that health workforce issues that should be considered include:

- whether the current workforce has the skills and capabilities required to provide person-centred, trauma-informed, recovery-oriented treatment and care that supports people experiencing mental ill-health and mental illness to exercise agency and choice in their treatment. This includes consideration of ways of supporting the role and development of the peer workforce.
- whether the current mental health workforce is adequate to ensure support is available to people who most need specialist care and treatment. We also note the impact of high throughput in mental health services on the length and nature of care and treatment that people may receive.
- whether the current workforce has an appropriate mix and diversity to provide the kinds of care and treatment that people with mental illness find helpful in helping them in their recovery, noting in particular that people often express a wish for talking therapies, peer support or other interventions that could be used alongside or as an alternative to the primarily medication-based treatment options available through public clinical mental health services.
- whether the skills and capabilities of the existing mental health workforce are being used to the greatest extent possible. Case management models of care often used in tertiary mental health services may mean that staff with specialised skills, for example in providing psychological interventions, may not have the opportunity to use these skills to the greatest extent possible.
- whether the health and mental health workforce needs additional support to develop the skills and capabilities required to provide person-centred, trauma-informed, recovery-oriented treatment and care.

In particular, we note the need for health workforces to understand the high prevalence of previous experiences of trauma, and the impact of this on people's experiences of accessing public clinical mental health services. Many people with previous experiences of trauma are re-traumatised by their experiences in mental health services, particularly where coercive practices including compulsory treatment and restrictive interventions are used or where people are or feel physically or sexually unsafe. These experiences can also lead to people avoiding further

engagement with mental health services, which can have serious consequences including further deterioration in mental health and adverse outcomes.

Understanding the consumer perspective of the harms that occur within mental health services, including trauma and re-traumatisation, is critical to ensuring that people can receive treatment that is helpful in their recovery and to engage with the services they need to support their ongoing recovery, including hospital treatment when needed.

Justice

The MHCC receives complaints about some mental health services received by forensic and prison populations, being tertiary mental health services that are provided by a designated mental health service. This is a small proportion only of the mental health services provided within Victorian prisons, as primary and secondary mental health services are contracted to other agencies.

Complaints to the MHCC in 2017-18 suggest that while many of the issues experienced by people in the justice system in their interactions with mental health services are consistent with broader trends. This includes people feeling that their views and preferences about treatment have not been adequately considered, and people being concerned about being provided with inadequate or misleading communication. However, complaints to the MHCC also suggest that people in the justice system are much more likely to raise concerns about their access to mental health services, with over one-fifth of complaints to the MHCC about forensic and prison mental health services being about delays in treatment (compared to 5 per cent of all complaints to the MHCC). This is unsurprising given the well-documented issues of service availability within prison settings.

Mental health governance

Assessments and investigations of complaints to the MHCC have identified failures in leadership and governance that have led to inadequate oversight of critical incidents and poor responses to adverse events, along with failures to uphold the rights, principles and requirements set out in the *Mental Health Act 2014*.

The role of leadership and adequate governance structures and systems, along with stewardship, oversight and clear mechanisms for monitoring of the system, is therefore an important consideration if lasting change is to be achieved. The issue of governance is particularly important when addressing adverse experiences for people in emergency departments, and the interface of responsibilities of emergency department staff and mental health service staff, and the roles played by security staff in these environments. Clearer direction to both hospitals and governments about their responsibility and accountability for transparently reporting, monitoring and identifying ways to prevent a broader range of adverse outcomes experienced in mental health services is also critical to ensuring that services are safe. For example, Victoria currently reports publicly on the rate of seclusion and restraint of people accessing public mental health services but does not report on the number of physical or sexual assaults experienced by people accessing these services despite this being identified in a number of reports as a quality and safety issue specific to mental health services.