

Productivity Commission
Mental Health and Suicide Prevention Agreement Review
Submission July 2025

The National Mental Health and Suicide Prevention Agreement provided an opportunity for a whole-of-government approach and to establish collaborative partnerships to improve mental health outcomes for Australians. As a clinician working within the health system, it is disappointing to see decisions which appear to directly contradict the priorities identified and endorsed by the government and are inconsistent with the strategic planning and values held by metropolitan health services.

WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024 identified mental health prevention, early intervention and diversional programs as key steps toward a more sustainable, efficient and effective system. The 2022 independent review of WA health system governance recommended an alliance governance model to accelerate execution of systemwide reform and jointly develop patient-first, innovative and financially sustainable care.

The ED Diversion Clinical Psychology (EDDCP) service was an innovative evidence-based program developed in response to identified increased psychological and/ or mental health related presentations to a tertiary hospital's emergency department. These presentations lead to increased pressure on the emergency department and added difficulty meeting the WA Emergency Access Target (WAET). The innovative program was established to improve patient care, facilitate access to psychological services and reduce pressure on ED resources. It was developed in 2021 following a scoping trial that identified a patient cohort presenting with clinical and contextual features who would benefit from access to specialised psychological therapies delivered through an outpatient clinic. Following >12 months of operation, during which program evaluation demonstrated positive outcomes, the program was approved for permanent funding.

The EDDCP service offered comprehensive and specialised psychological assessment, formulation and evidence-informed psychotherapeutic interventions to patients presenting to ED in crisis with psychological / mental health difficulties. The service provided both in-reach psychological assessment, and a consultation and liaison service as part of the ED multidisciplinary team as well as a diversional clinical psychology outpatient clinic for ED triaged patients who would benefit from short term specialised psychological therapies and who lived in the catchment area. The EDDCP service attracted national interest, with other state's exploring opportunities to implement similar services to improve outcomes for patients.

Community concern is commonly expressed regarding the strains within the existing system. Compared to most other Australian States and Territories, WA's population has lower access to primary care services. (Department of Health report General practice workforce supply and training in Western Australia, 2018). The Australian Psychological Society identified "a critical shortage of psychologists in Australia, with the current workforce meeting only 35% of the national demand for mental health services" (Build, Support, Prepare: Investing in Australia's Future January 2023). Offering a diversion stream reduced demands on the ED, reduced wait times, facilitated access to specialised services, and provided continuity of care. Those patients that presented in crisis were provided with a discharge plan that did not require them to further navigate the healthcare system to access care, including accessing GPs and private practitioners.

The EDDCP service benefitted patients presenting with a wide range of difficulties including depression, anxiety, poor emotional regulation, situational/relational crisis, trauma, sleep difficulties, self-harm ideation/ behaviour, suicidal ideation, emotional distress, unexplained

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medical symptoms, ETOH misuse and unstable sense of self. It offered support to individuals across the life span (16-84), leading to overall improvements in mood, coping and functioning. Patients engaged with our outpatient service demonstrated symptom reduction, improvement in mood, coping and functioning; developed skills; reduced self-harm; re-connected socially; returned to employment; improved interpersonal effectiveness; reduced harmful use of ETOH/other substances; contributed to community (e.g. volunteer work); strengthened family relationships; and reported improvements in overall quality of life.

Despite demonstrating positive outcomes and aligning with strategic planning, the program was closed in 2024.

While government strategic planning often voices a commitment to prevention and early intervention, the use of expenditure as a means of reflecting access to/ and quality of mental health care is insufficient. Decisions remain focused on current system spending and not on future saving. It doesn't provide a clear understanding of whether community needs are being met. There are significant challenges in establishing systems and services which provide quantifiable data on meaningful outcomes and limited evaluation of established services. I acknowledge the challenges in quantifying the meaningful impact services deliver to individuals, their families, and communities. It is hard to put a price on improving one's quality of life and the contributions they make to the Australian population.

Unfortunately, confidence in the systems we work within becomes eroded over time. To read in the Sunday Times (July 27th 2025) that mental health units at 2 WA hospitals are "yet to have fixtures identified as suicide risks removed more than two years after WA Health conducted an audit into patient safety" is beyond disappointing.

While confidence in the system is not always upheld, the confidence of the clinical work force's commitment to providing quality care for the community is. Throughout my career I have worked alongside others who provide quality, evidence-based care with kindness and compassion. It is with them, that I have the honour to work with people during some of their most challenging times. I value being able to do the work that I do. It is a privilege to hold space for others during moments of vulnerability and share in their recovery journey.