Australian Productivity Commission

Inquiry into Mental Health

I welcome the Commission's Inquiry and take this opportunity to contribute as a bereaved victim of suicide. I lost my 50 year old brother from suicide in 2017 and am aware his death was preventable. From my unique perspective as someone who has worked in the NSW public health system as a midwife and registered nurse for almost 30 years I have observed obvious systemic problems which will perpetuate preventable deaths unless properly addressed.

There are obvious economic consequences from my brother's death. His wife and two young boys have lost present and future financial security they gained from my brother's income. He had part - ownership in a physiotherapy practice which serviced numerous clients, and he also extended his influence through the local community, sports clubs and his sons' school with many voluntary roles.

Thus, the impact of my brother's suicide was felt widely amongst family, friends, work colleagues and the wider community.

A most troubling fact is that my brother and his wife seeked help in the Lower North Shore of Sydney. This is an affluent area which should have easily accessible, quality services available to local residents yet even one of the wealthiest parts of Australia cannot provide seamless, quality care. Once my brother became vulnerable, services should have wrapped around them, tragically instead, my brother and his wife were left isolated and expected to manage his condition themselves.

My submission is focused on **Structural Weaknesses in Healthcare** with the hope to re-orientate services in primary health care and improve the standard of care so that every vulnerable person and their family are met with quality care. I have also attached my submission to the New South Wales Parliament's Inquiry into the Management of Health Care Delivery in NSW completed in 2018, as well as my letter this year to the Premier of NSW, Gladys Berejiklian, and the Minister for Health, Brad Hazzard, and Minister for Mental Health, Tanya Davies (now superseded). These additional documents provide my findings around weaknesses for the care of the psychologically/mentally unwell as well as systemic obstructions for the unintended, newly bereaved victims who earnestly seek justice as well as seek improvements to obviously inadequate health care.

To avoid repetition, a list of current problems will summarise my concerns as they are discussed in depth within the attached documents:

<u>Lack of mandatory training in suicide prevention</u>

General Practitioners (GPs) and psychologists are at the core of mental health care in Australia however, their registration does not require compulsory training in suicide prevention. If the public are to expect safe practice then suicide prevention training must be mandated as a minimum requirement if their care is to be trusted. Suicide is a medical emergency therefore clinicians must

acquire current skills similar to the need for cardiopulmonary resuscitation (CPR) skills training (GPs provide evidence for CPR training annually).

Lack of mandatory membership of Primary Health Networks

Membership to PHNs is voluntary. Hence all the suicide-prevention resources created through PHNs are not reaching all practitioners. PHNs could be a most effective resource for GPs and allied health professionals, as well they provide a link to hospitals and other community groups. Without compulsory membership, clinicians will continue to work in silos, and patients will miss out on quality programs.

Emphasis on Prescription Medications

Antidepressants and other medications are often prescribed and their efficacy is variable or can worsen a person's condition. Side effects are obvious and despite black box warnings not all patients are adequately informed by prescribers. Once prescribed, many people then find it difficult to wean off these medications due to withdrawal effects. The over-prescription of opioid medications has led to many avoidable deaths, the over-prescription of benzodiazepines, antidepressants, and antipsychotics is potentially another dangerous practice that requires closer monitoring. There needs to be greater stewardship over the prescription of these medications so that patients are aware of the risks and can genuinely make informed decisions.

Robust Governance

- Therapeutic Goods Administration (TGA)
  Reporting of adverse events due to medications is voluntary. If the TGA is to truly advocate for safe practices and products then reporting of any problems must be mandated and investigated adequately.

- Non-Government Organisations
  Many essential services for mental health have been outsourced to NGOs. The role of Lifeline as an organisation for crisis support is of concern as it relies on volunteers. It is likely useful for phone counselling however volunteers should not be replacing the need for health professionals who are experts in the field of mental health, particularly when negotiating with a person who is suicidal. Further, the many thousands of tax payer funds provided to NGOs have not been realised in sufficient progress to ensure the mentally unwell and their families receive proper and adequate care.

- National and NSW Mental Health Commissions
  Mental health is unique with the provision of both national and state mental health Commissions. Other health care specialties have not required such advocacy and despite the Commissions' role their influence on the reduction in suicide rates has been paltry. Their existence must rely on data driven outcomes or faith in these institutions will progressively weaken.

- Police
  Police training is intended to work within crime prevention and maintain public safety. The need for caring health professionals to meet people in crisis rather than armed personnel such as police is paramount.

- Reorientate primary health services to publically funded practitioners
  GPs and psychologists exist as private businesses and lack the equivalent regulations that exist in public hospitals. There are many well-intentioned practitioners however care is governed via the Medical Benefits Schedule which is not always a good fit when a person requires a prolonged consultation for psychosocial/mental health concerns. Some practitioners decide which Medicare items ensure a greater reimbursement for their visits rather than provide a therapeutic conversation (time consuming) that requires minimal reimbursement from the MBS. Ongoing clinical education requirements are also variable and sourced from many different providers hence skill standards are not comparable.
  Governance is not robust as it requires reports made by the public for proper investigation of inadequate care. On the other hand, public hospitals are mandated to investigate near misses and errors, and in particular avoidable deaths. Thus the responsibility for investigation is automatic and does not always rely on reacting to grievances from the public (although this is also possible). As with hospitals, primary health care practitioners must also be adequately governed and held accountable for inadequacies.
  Services need to be patient-centred rather than oriented around the healthcare provider. A suggestion for the delivery of mental health care in the primary health sector is the creation of continuity of care models. These models of care are changing practices and improving outcomes in hospitals and could favourably impact outcomes for vulnerable patients in the community. Nurse practitioners together with mental health care teams (psychiatrists, psychologists, social workers, nurses) could all work to meet the needs of these often complex patients. These teams would also be linked ultimately with hospital practitioners to be able to access extra resources (for example, expert clinical advice) and care could be escalated when necessary in the hope of accessing hospital admissions if required.

In conclusion, having worked for a number of years in maternity services I am aware that Australia can deliver seamless and safe health care. It astounds me that if there were to be any maternal deaths there would be outrage however the current suicide crisis in Australia is not gaining the same reaction. The problem is a lack of accountability and it is about time people recognise that such outcomes in a developed country are scandalous.