

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

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Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

We are regularly working in a variety of health settings including hospitals. There seems to be an enormous pressure on our hospital beds, with people sometimes waiting days to be admitted and at times going into hospital beds far away from their homes and communities. This impacts each individual's pace of recovery. The emergency departments tend to be overcrowded and not set up to support people with mental illness experiencing mental distress. We at times see people who are suicidal not admitted and leave emergency departments and sent home without support. This is because of lack of beds and no appropriate alternatives to hospital – these are the most expensive way to respond to mental health issues. These solutions create more trauma and distress to vulnerable patients with mental illness.

Our state spending in mental health is tracking on an unsustainable path. The state Budget shows spending is moving in the wrong direction - away from the Mental Health Plan's intent to increase community support and prevention, and reduce spending on hospital beds and public treatment.

State, national and international policy all agree that a balanced mix of services is the most effective and sustainable way to build a mental health system that works.

A balanced mix would increase community supports by 80 per cent and spend more on prevention.

Instead of finding effective alternatives to hospitals and investing in timely and appropriate community support to keep people out of hospital we have a system that is increasing trauma and creating a self fulfilling deterioration in outcomes and wellbeing.

Many people attend ED when in mental distress because they feel extremely unsafe and have nowhere else to go. Safe house models in other countries have proven feasible as have contemporary approaches such as open dialogue. People who are seriously unwell are suggesting they are discharged from hospital too early. Many people with severe mental illness still get no physical health treatment for preventable chronic diseases. further increasing the burden on the health system.

Community-based recovery supports help people live well in the community. They improve people's mental health outcomes, and save on costly hospital beds. For example, housing with linked community mental health support can save the WA hospital system \$84,000 per person per year. We are working with people whose families suggest they are better than they have been for many years.

Community managed services have expertise in providing these supports. Commissioning that enables them to provide these supports will improve people's mental health. We run the Lorikeet Centre in Leederville and hear many stories from people about how the Centre keeps them out of hospital and or if hospitalised assist them to return home sooner. We work closely with clinical teams to manage best outcomes and provide right balance of support.

Co-production – genuine partnering with consumers and carers to design change – will mean that any changes made will work for the people that will use the services.

The system should be designed around people instead of trying to make people fit the system. This means breaking down barriers to getting support, and real pathways to move from one type of support to another, as a person's needs change. We have a number of peer workers who are critical allies in contemporary mental health services. We are piloting a hospital to home project to assist people on discharge from a stay in the mental health ward. We are finding that people have chronic unmet needs for support, sometimes practical things with tenancy, work, budgeting or accessing appropriate services. A small effort often provides enough reassurance to assist

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people to stay out of hospital unless they really need a stay.

It also means helping people find their way around the system, instead of getting lost in a maze of services with little information.

Genuine partnerships need to be developed between different parts of the health system so that all of a person's needs can be met - from their physical health needs, to mental health support, and a safe and stable home.

A lot of the work we do is parallel to health coaching, supporting people to navigate the system and provide information and knowledge which reduces their anxiety and encourages hopefulness and support. Often a small amount of the right information at the right time can significantly reduce trauma, as can lending an ear and knowing you are not alone.

The Sustainable Health Review should also look at other parts of the system that have an impact on people's health outcomes and health costs, like disability support, housing, communities and the justice system.

Recommendations should identify ideas in these areas too.