



1. Question #1

I've done a lot of university assignments surrounding mental health and the cracks in the system are so clear, especially in follow-up care. I just wonder how many people are falling through the cracks and who aren't on any follow-up care after their discharge. Is there no shared model for EDs and other medical professionals to give all patients at risk a follow-up care plan? Could this be established as a condition of patient discharge?

Ian Hickie

Yes – in practice not just theory

2. Question #2

Can you please give a quick '10 masterclass' on making noise for change?

Ian Hickie

We need many more voices – just like yours – please get this recording and distribute and discuss widely!

3. Question #3

Is it time to review the Mental Health Act? The system is governed by laws that further exacerbate the brokenness of the system.

Pat McGorry

No because that will distract them for years from real reform. We saw that in Victoria...

4. Question #4

What is deemed as at most imminent risk by ER?

Ian Hickie

Clearly varies from ED to ED...

No consistency.

5. Question #5

How can reform still leave parents in such a system?

Ian Hickie

Lack of any real reform

6. Question #6

The interesting thing is that this is not an isolated occurrence but all too common (we have shared similar experiences to Simon). If they had cancer how different would they be treated?

Ian Hickie

Clearly some disorders (childhood cancer) are treated very different

7. Question #7

Parents/ carers are in such a bind – in Victoria, our daughter was able to tick a box of privacy at 14-years of age – yet we are also legal guardians – we are fortunate enough to be able to understand medications/tx's etc, but what about those less informed?

Ian Hickie



Clearly a major challenge – parents and carers that are engaged and informed

8. Question #8

Horrendous to hear David's experience. A classic case of not fitting in with the system's definition of what is "ill" and not being able to cope with anything else. One of my biggest concerns at the moment (I'm in the UK now) is the wide and deep trauma from #LonelyLoss with tens of thousands of people (excess deaths now at 66,000 in the UK) losing loved ones and not being able to be with them 'at the end' and not being able to have a funeral (or only online or only '6 people max', outside the crematorium, max 15 minutes).

The system can't compute this new crisis because it can't currently see all these distressed people and can't fit them in to any of their categories or internally-focused services.

Exacerbating this, some 'expert advisors' to Govt say we don't yet have any tangible data, so act as if this coming way doesn't exist, and therefore Govt acts as if it doesn't exist and the system acts as if this doesn't exist.

Ian Hickie

Such a critical point; we can't be looking backwards but need to focus on using modelling to change NOW and reduce future harm

9. Question #9

Will/can peer support be working at ER? I am working with Ambulance Victoria who wish to consider other places for people at risk to be taken elsewhere instead of always defaulting to ER?

Ian Hickie

We do need to see how peer support will be supported in future models

Simon Judkins

Peer support is something I believe will help. It has started in some ED's. Needs to be rolled out to more...

10. Question #10

We know the impact of the Social determinants on mental health and suicide ideation, in particular the resulting impact of unemployment further exacerbated by COVID. What do we need to do to ensure politicians move from philosophical dogma to informed decisions to lift their gaze, address these interrelated social determinants, allocated funds to more place-based solutions and increased focus on early prevention initiatives to flatten the curve and ultimately reduce presentations to Eds?

Ian Hickie

Great questions; see Sydney Ideas podcast from last week with Allan Fels, Geo

11. Question #11

Are these issues overlooked largely due to our bloated healthcare budget?

Ian Hickie

Hard to say what drives chronic underfunding other than discrimination in health care



12. Question #12

Is there a way we can essentially prevent young people and the general population in engaging in self-harm? Such as education them about better mental health related behaviours rather than engaging in self harm behaviours such as mental health education at schools, or can we only help them once they arrive at ED with the mental health follow-up/ treatment?.

Ian Hickie

Clearly we need to be very active to prevent acute self-harm

Jo Robinson

This is so important and there is lots of proactive work going on in schools and other settings. But we definitely need to do more to keep people from getting to crisis point. But once they get there we also need to do a better job of looking after them.

13. Question #13

The AIHW regularly reports “potentially preventable hospital admissions”. Why does this data exclude mental health admissions? Is hospital avoidance even agreed national policy in mental health? And don’t get me started on inappropriate financial incentives as part of Activity Based Funding...

Ian Hickie

Such a great point! PLEASE ADD MORE!!!

14. Question #14

Who is building community mental health in Australia? State Govt no. NDIS, at best for 64k people and even then...We don’t need COVID to demonstrate our crisis.

Ian Hickie

BUT we do need new, urgent and scalable response!

15. Question #15

Is the Federal government in urgent, ongoing conversation with you (MH leaders and experts) regarding formulating a much quicker and more adequate (realistically funded) response to highly distressed families and YP re MH (in this exceptional period in the worldwide community?) Exceptional circumstances require exceptional responses/measures.

Ian Hickie

That’s what we are arguing for but need real community support to make a real difference

16. Question #16

What would motivate legislators to discriminate them?

Ian Hickie

History and culture – as in other social areas (e.g. disability)

17. Question #17

What impact do you think the Towards Zero Suicides safe rooms in NSW will have on consumers like David’s daughter?

Ian Hickie

Need to be closely evaluated



18. Question #18

As a proportion of total health spending, mental health spending is about 0.5% more in 2017-18 than it was in 1992-93. And hospital remains undesired FRONT DOOR not key backstop.

Ian Hickie

Clearly additional investment has not really happened

19. Question #19

ED's need to have completely trained staff in trauma-informed care suicide prevention. This seems to be ad hoc across the country.

Ian Hickie

Agreed

Simon Judkins

Agree...there is a lot which needs to be done to provide education/ training and bringing mental health care to the front of the ED...

20. Question #20

NZ spends 30% of its mental health budget on NGO services = many more choices and alternatives to EDs and more beds. Australia, we spend about 7%.

Ian Hickie

Another obvious deficit! We need alternatives.

21. Question #21

I haven't been to an ED since I was very young but can someone please inform me on this. For the 18-24 hours are the patients just sitting in the waiting area for a registrar? I can't imagine people waiting that long, something needs to change. We need more funding in mental health if this is the common shared experience for some people.

Ian Hickie

We need very experienced staff that connect quickly with those at highest risk

Simon Judkins

Most patients are seen and referred early. ED staff make that initial assessment and refer for consultation/ admission. The longest waits are then due to the inpatient beds not being available, the huge workload of the psych reg's or other staff. Essentially, it's an under-resourced system.

Jo Robinson

Unfortunately a lot of young people we talked to did have to wait for a very long time before seeing a doctor and many of them gave up and went home. So we definitely need staff who are able to respond and also get rid of the stigma associated with people who present with self-harm

22. Question #22

How far off is that community support needed to make a real difference?

Ian Hickie

That is always hard to know BUT if ever you want to make noise, now is the time!

Simon Judkins



There does need to be a significant investment... the concern is the money needs to be found for the resource put in place...whatever happens, it'll take time.

23. Question #23

Why are police involved with taking people to ED? Is this because Paramedics can't cope with demand?

Ian Hickie

Part of the explanation

Simon Judkins

Many of the patients are dual diagnosis/ drug affected. They may be aggressive, upset, violent...police will often insist. It is worth nothing that there are many hours of police time spent in ED's...

24. Question #24

What ever happened to Promotion Prevention and Early Intervention? Is there designated funding to spur non-hospital care? Is hospital avoidance even an agreed part of our national mental health plan?

Ian Hickie

A question that national policy, PC report, VIC Royal Commission must all answer.

25. Question #25

Agreed on the youth participation to service delivery. But they can't be/ remain a free service (within reason). Could this be brought under a form of funding within the PC structure?

Ian Hickie

Yes – needs to be explored

26. Question #26

Look at TePou, NZ model of multidisciplinary training, designed to get health professionals out of isolated practitioner mode, including peers.

Ian Hickie

Learning from international experiences is critical

27. Question #27

Also peer support workers need supervision/ experience, mentoring

Jo Robinson

100%

28. Question #28

As someone who has been passionate about mental health since I was in high school (I am now a recent USyd graduate), would it be possible for the panellists to give me and other young people who want to work in the mental health field any advice, perhaps at the end of the panel? My passion has only grown over the last few years and I hope one day I will be working as a psychiatrist in a better funded system that tackles all of the issues that have been addressed tonight

Jo Robinson



THE UNIVERSITY OF
SYDNEY

—
**Brain and Mind
Centre**

Q&A

“COVID-19 & mental health presentations to EDs:
#FlattentheMentalHealthCurve through innovative service models”
Wednesday 24th of June, 2020

I think this is a great point and maybe even something for a future webinar. One of the goals of our new CRE is to grow a new generation of MH workers and researchers