CALL FOR NATIONALLY CONSISTENT MENTAL HEALTH RESPONSE TO COVID 19 PANDEMIC

All services need to sustain a capacity for, and balance between safe inpatient, telehealth, and digitally augmented in-person, mobile, home-visiting clinical & support services

Alan Rosen, 2020

Brain & Mind Centre, University of Sydney, &

Institute of Mental Health University of Wollongong

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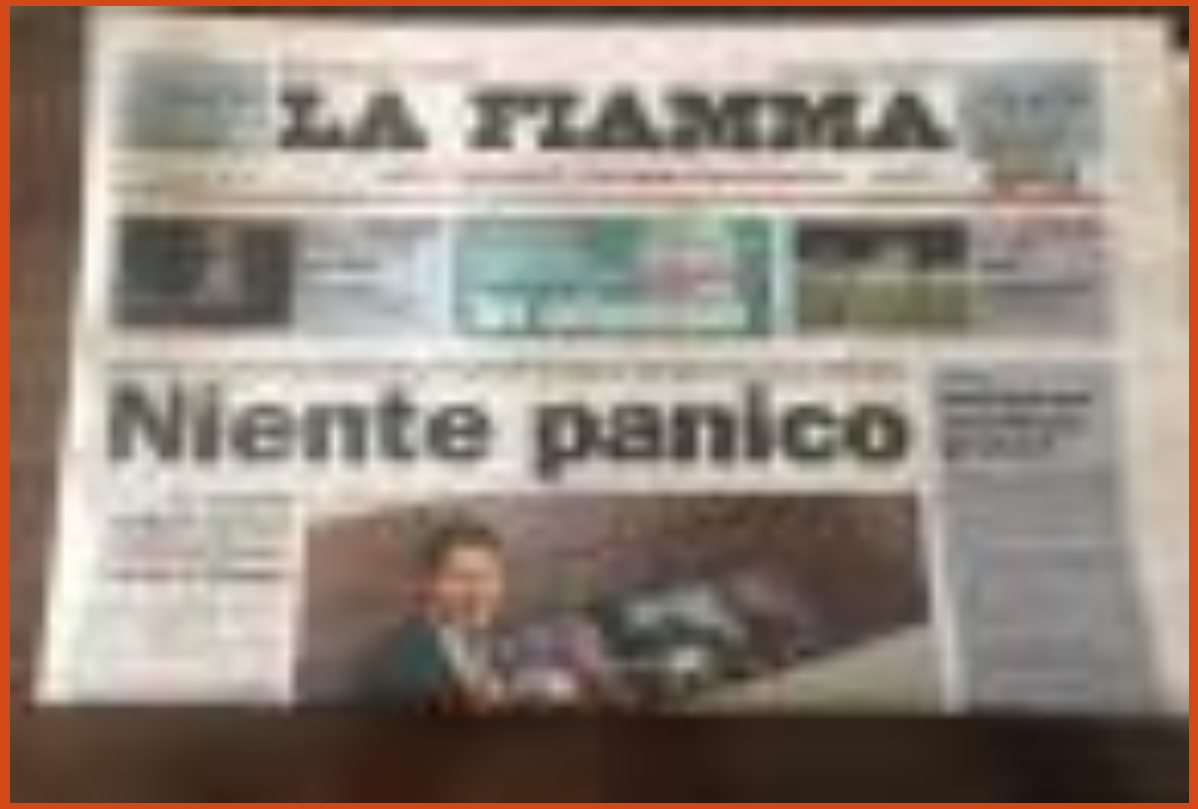
MANY GOVERNMENTS, PLAYED IT DOWN & WERE TOO SLOW TO RESPOND: "ITALIAN AUTHORITIES INVITE A REDUCTION IN THE LEVEL OF ALARM"

SHADES OF Douglas Adams "The Hitch-hiker's Guide to the Galaxy"?



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EVEN BEFORE THE EXTREME BUSHFIRES & COVID-19, OUR COMMUNITY MH SERVICES WERE ALREADY VULNERABLE

Many years of depletion & disinvestment of Public Community MHS, erosion of the active-response work culture, pooling their cars in hospitals, and diluting or dismantling of crisis & assertive outreach teams, so they often can no longer provide acute alternatives to hospital care in the community, nor retain people in need of ongoing rehab, & they could not back up community support workers effectively.

Telehealth (eg Telepsychiatry) without gap payments for vulnerable individuals has been of only limited & transient interest to many fee-for-service mental health professionals.

EXPECTED SURGES IN MENTAL HEALTH DISORDERS DURING C-19 PANDEMIC

All are likely to surge on different trajectories, with stress & isolation & Overlapping "Domino Crises" of Drought, Extreme Fires, Floods, C-19

- **Severe & Complex Mental Illness**
- **Anxiety Depression & Suicidality**
- **Economic & Personal Loss, Grief, Suicidality**

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THE OBSTACLES :
INCONSISTENT LEADERSHIP,
& CENTRAL POLICY DIRECTION &
LOSS OF IN-PERSON CLINICAL BACK-UP
FOR NGO SUPPORT SERVICES IN THE COMMUNITY.

<>Service directors told that there was no state health direction on mental health response to C19, and they should come up with local solutions - or plan promised, "being worked on" but yet to appear.

<>Funders, eg NDIS, giving guidance on how to convert to Telehealth, but not on how to do safe home visiting. Exceptions: eg Central Adelaide.

<>Vulnerable service-users avoiding clinical services until a surge of hyper-acute presentations are inevitable

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INCONSISTENT LEADERSHIP & ROLE MODELLING

<>Some Community Clinical & Support Teams have reverted to office-based telehealth & have stopped seeing Severe & Complex and Suicidal individuals & their families in person or at home. Suicides have ensued.

<>Avoidant Role Modelling by senior clinicians of all professions

<>Lack of Clinical Crisis Back-up for NGO Community Support Services & associated withdrawal of Home Visiting & Community Transport services

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SYSTEMIC OBSTACLES TO ACHIEVING BALANCE

<> Lack of PPE Personal Protective Equipment+Safety Training
<> Minority of service-users obeying lockdown refuse access
<> Realistic Contagion Fears for Self & Family
<> Some Public MH Services have contingency plans to shift Community staff into Inpatient Unit Positions to replace C19 Infected staff and Contacts
<> Absenteeism & Presenteeism

BUT MOST STAFF ARE PREPARED TO GO TO GREAT LENGTHS TO CARE FOR OTHERS

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PROVISIONAL SOLUTIONS:

1. Expand evidence-based mobile outreach community mental health & support services, with stable teams of familiar local staff.
Eg. The Hospital in the Home model of care is a key innovation that will help to prevent likely access block at hospitals and should play a central part in the next wave of mental health responses.

2. Further enhance digital and Telehealth technology to help minimise unnecessary person-to-person contact on safety grounds.

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SOLUTIONS [CONTINUED]

3.

<> Ensure safety and personal support of all service-users, clinical and NGO community support providers.

<> Mental health providers must be assured that there will be no retractions of community staffing or their outreach capacity,

<> Strong and compassionate management support, thorough safety training, adequate supplies of personal protective equipment, regular supervision, pastoral mentoring, mh counselling & Communities of Practice

<> OHS in full consultation with Staff industrial representatives.

MOMENTUM GROWING?

ABC News. 24 April 2020

NSW: Ms Berejiklian also announced the NSW Government was contributing an extra $73 million in funding to extend mental health services during the coronavirus pandemic. (including home visiting of vulnerable people & more telehealth).

At least 1 other state: Hospital in the Home, 7/7 inpatient diversion for those who are safe to do so?

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LESSONS FOR THE FUTURE

Loss of Biodiversity, Droughts, Extreme Fires, Hail, Floods, Erosion of Water, Food, & Energy security, Pandemics are interconnected via Climate Change.

This pandemic, in particular, highlights the devastating combination of an intertwined global economy, unpreparedness, belated action, social disconnection and hyper-individualism.

However, on the other hand, positive responses by people and governments also show that widespread, universal change in human behaviour is possible – at least in the case of an acute global health crisis. What we learn from this may also apply to the connected risks to humanity that are now unfolding.

STAY SAFE/ STAY HOME/ STAY WELL/ STAY CONNECTED

…on your own turf and terms, wherever possible.

<>But if working in an essential role, keep working, keep as safe as you can, keep showing us all the way to share communal responsibility, compassion, caring, mutuality, and cohesion, rather than just self-interest & complacency, for the future of Australian society.

<>And please DO accept acknowledgement for how much your efforts are appreciated. You are instilling hope for us all, that Aussies can pull together & look after each-other when it is needed, as it will be, health-wise, climatically, economically and societally for many years to come.

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WE CAN ALL BE MORE EFFECTIVE IF WE ARE ALL ON THE SAME PAGE