30 April 2020

Roundtable:
Global impact of COVID-19 on mental health: Implications for policy and practice in Australia

Our eighth and final seminar in this series

with closing comments from
Christine Morgan, CEO, National Mental Health Commission

PARTICIPANTS
Dr Daniel Rock
Adj Assoc Prof Chris Lilley
Prof Pat Dudgeon
Catherine Lourey
Dr Lynne Coulson Barr OAM

HOSTS
Prof Luis Salvador-Carulla
Adj Prof John Mendoza

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Acknowledgement of The Traditional Owners and First Nations Peoples

Our Agenda today

- A Quick Guide to Zoom
- Recording & making publicly available
- Purpose of the Global Seminar Series
- Quick Overview of the learning from the Series
- Presentations and brief Q&A following each presenter (strictly max of 12 mins with 3 mins Q&A)
- Roundtable discussion/further Q&A
- Closing comments from Ms Christine Morgan
- Stay safe & well and Stay in touch!

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The Question and Answer Sessions …

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There will be a brief Q&A after each presenter, and then further discussion at the end.

Please use the **Chat** facility in **Zoom** to write your question and enable all participants to see your question.

The moderator will either call your name and invite you to ask your question or if time is limited, ask the question on your behalf.

Please **'unmute'** your microphone & when finished go back to **'mute'**

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If there are questions on the same topic or theme, then the order of questions will change.

Thanks for following this advice as it will enable more questions & discussion.

Purpose of the series

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This is a seminar series organised by the Visual and Decision Analytics Lab (VIDEA) of the Australian National University and ConNetica Consulting.

The aim of this on-line series is to revise the current status of care for COVID19 in different cities & regions of the World.

This informative series is intended to gain knowledge from real world conditions & local initiatives that may provide useful organisational learning for healthcare planning in Australia & elsewhere.

This series has a major focus on but it is not only limited to mental health care.

All Seminars will be recorded & made available publicly & freely.

Access to the Recordings is via the ANU & ConNetica websites:
https://rsph.anu.edu.au/research/centres-departments/centre-mental-health-research
https://www.connetica.com.au/online-seminar-series-covid19

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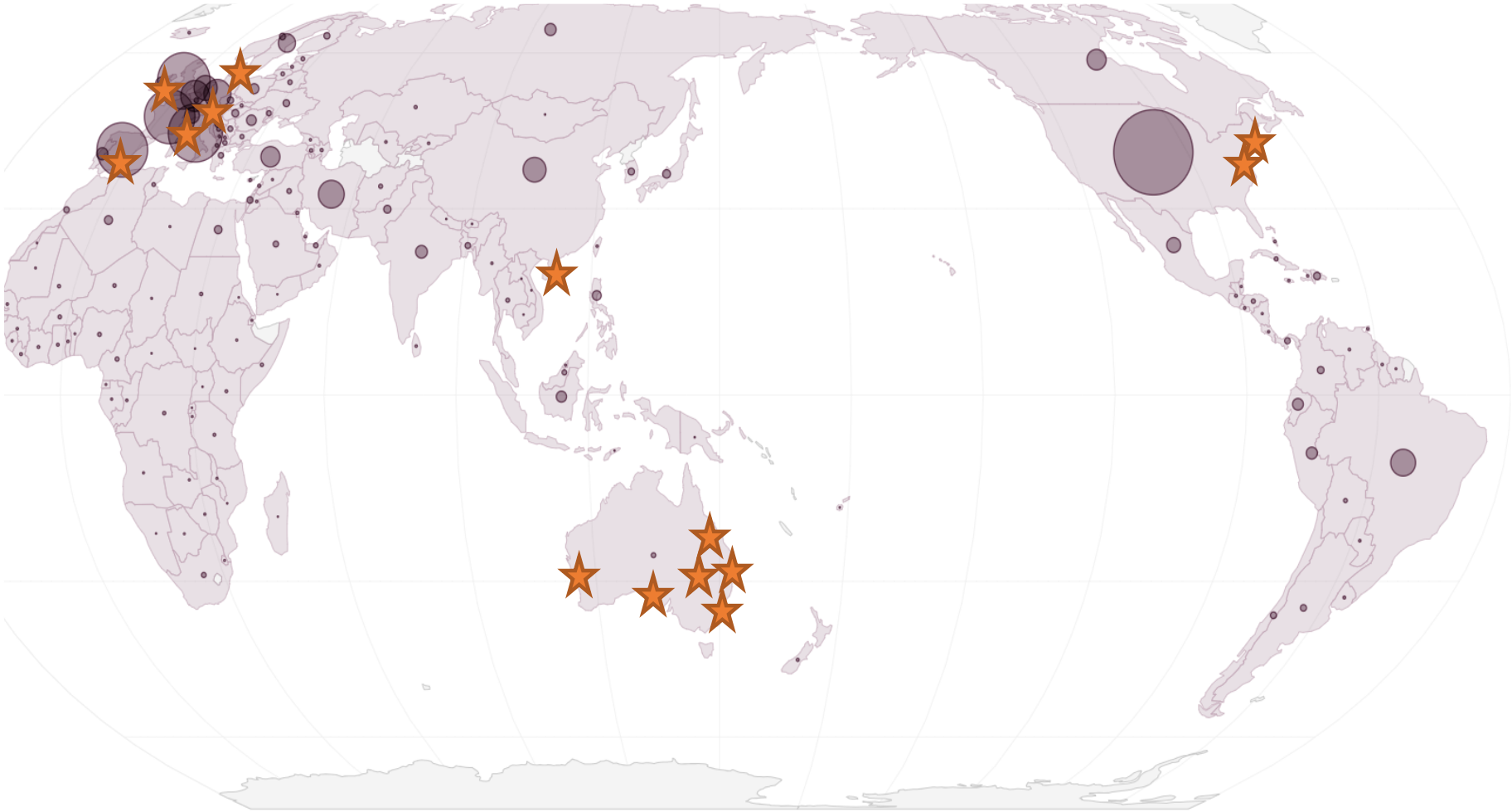
COVID-19 PANDEMICS (30 April 2020)

★ Regions-Cities analysed in this webinar series



What have we learned from the Series?

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1. The spread of cases very uneven across countries & regions. This has affected response & determined if services were overwhelmed or could cope.
2. In mental health, all forms of care – residential & outpatient – have been affected, in some cases stopped completely. The rise in telehealth is a common feature. But it has been haphazard & opportunistic; not systematically monitored/evaluated & without an ethical framework (ex. Taiwan)
3. All regions expect a ‘rebound’ with existing consumers re-emerging from lockdown very unwell & new clients placing intolerable demands on MHS. This will include children and others impacted by trauma. There is almost no preparation for this, ex. Taiwan.
4. The centrality of psychosocial supports for both those with existing mental illness & people newly affected by the pandemic through anxiety, loss of employment, bankruptcy etc, was acknowledged by all. Suicide surveillance and support critical.

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What have we learned from the Series (cont'd)?

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- 5. Success based on:

i. Universal health care

ii. Integrated primary-community-tertiary care,

iii. Well documented & rehearsed pandemic plans addressing bio-psycho-social impacts,

iv. Solid psychological crisis intervention model

v. Targeted support for highly vulnerable groups

vi. Data driven decision making

vii. Rapid response & deployment

viii. National leadership with regional interpretation & deployment

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What then are the Known Impacts of the Covid-19 Pandemic

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"COVID-19 has made every organisation aware of the limits of its ability to learn quickly in an extremely fast-moving environment, in which ten days of hesitation can lead to the quadrupling of infections and to an escalation of business and societal disruption."

Rick Lesser (CEO, New York, Boston Consulting Group), &
Martin Reeves (Chairman of the BCG Henderson Institute)

Source: https://www.bcg.com/en-au/publications/2020/business-resilience-lessons-covid-19.aspx

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Keys to Success and Issues for the Future

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1. Universal access to public health care
2. Integrated primary-community-tertiary care
3. Well documented & rehearsed pandemic plans addressing bio-psycho-social impacts
4. Solid psychological crisis intervention model
5. Targeted support for highly vulnerable groups
6. Data driven decision making
7. Rapid response & deployment
8. National leadership with regional interpretation & deployment
9. High tech application

- *How will planning for the future of mental health care in Australia reflect these issues?*
- *How will future planning draw on modelling to move beyond opinion to more informed decision-making?*
- *What data and skills are necessary to drive this approach?*
- *What accountability do we wish to see?*

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So what about implications for policy and practice in Australia…

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Dr Daniel Rock

Daniel Rock is the Principal Adviser and Research Director at the WA Primary Health Alliance (WAPHA) which operates the three Primary Health Networks in Western Australia.

He is an epidemiologist, a Fellow of the Royal Society for Public Health and an Adjunct Professor at the Disciple of Psychiatry, the University of Western Australia.

Prior to joining WAPHA he was Deputy Executive Director and Director of Clinical Research at North Metropolitan Health Service Mental Health in Perth, where he was responsible for state-wide specialist mental health services, and mental health service planning at regional and state level. During his time at North Metro he was co-jointly a Clinical Professor in the School of Psychiatry and Clinical Neurosciences and the School of Population Health, the University of Western Australia and Co-Director of the UWA Centre for Clinical Research in Neuropsychiatry.

Global impact of COVID-19 on Mental Health: Implications for policy and practice in Australia

Dr Daniel Rock, PhD, FRSPH
Principal Advisor & Research Director, WA Primary Health Alliance

Professor, School of Psychiatry and Clinical Neurosciences, University of Western Australia

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The overall response

- PPE distribution – logistics (monumental)
- RACFs – safe making (surveying)
- Respiratory clinics – liaison
- Co-ordination (DoH x2, HSPs (LHNs), WAMHC, NGOs, State Govt)

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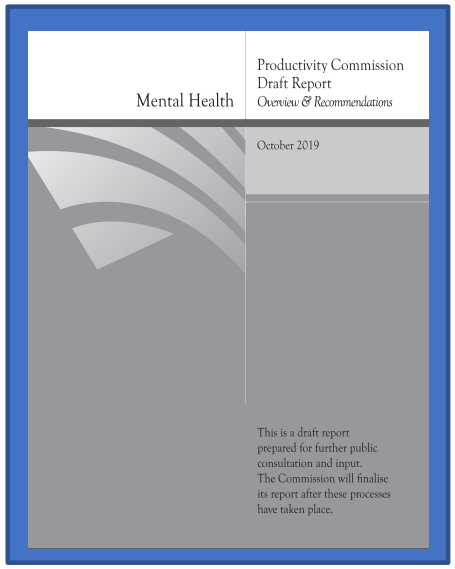
Mental Health: Productivity Commission Draft Report



- The current planning and service delivery models for mental health services in Australia do not adequately meet the needs of individuals or communities
- Much of what is funded has zero, low or indeterminate value
- Bewildering choice of services but little commensurability
- Disproportionate investment in specialism that leads to queueing, waiting and failure demand
- Service planning and system performance is opaque (at best)

https://www.pc.gov.au/inquiries/current/mental-health/draft

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PHN – a mental health planning and commissioning authority

- Support GP and compliment MBS
  - individuals with or at risk of developing mild to moderate
  - unable to equitably access MBS treatments
    - low income, job insecurity, material disadvantage, limited personal resources, social isolation, poor health literacy, discrimination etc.
  - disproportionate referral failure and treatment drop-out rates.

PHN-land

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Household disadvantage and MBS Better Access Allied Health

		IHAD quints							
	Popn	*Q1*	*Q4*	*Prov*	*Pts*	*OOS (avg.)*	*MBS (benefit)*	*Gap*	*p/c spend*
AMR	54,592	12	23	38	2859	4.8	$1,419,758	27%	$497
Armadale	87,634	11	27	26	2310	4.1	$944,216	16%	$409
Pilbara	61,657	14	18		440	2.5	$98,373	12%	$224
Albany	60,803	18	18	34	1792	4.1	$720,095	26%	$402

- The greater the gap fee, the greater the MBS provision
- Disadvantage is not a system driver
- Bulk-billed Better Access not viable in thin markets

Australian Bureau of Statistics

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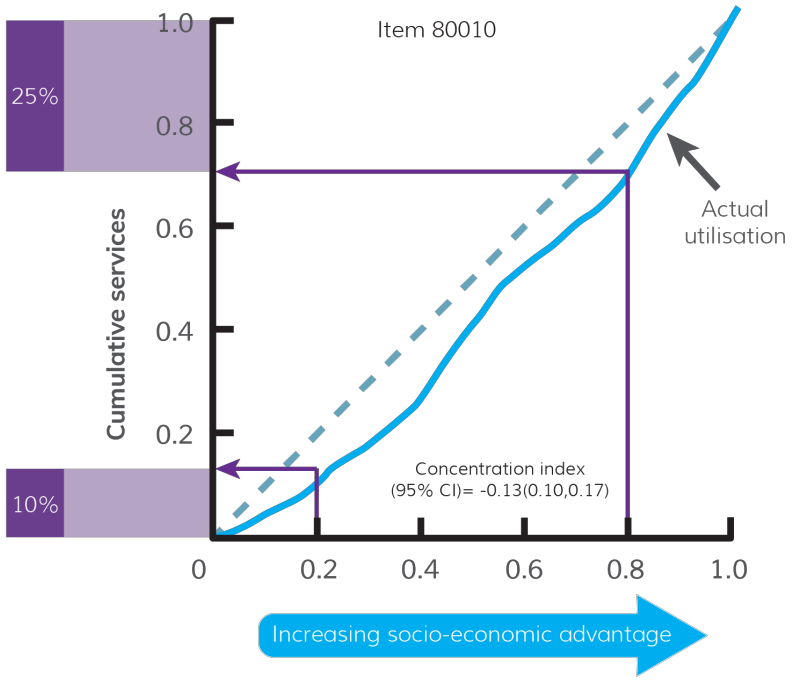
“Universality” of MBS Better Access



Reference
Meadows G (2015) Better access to mental health care and the failure of the Medicare principle of universality MJA 202 (4): 190-194

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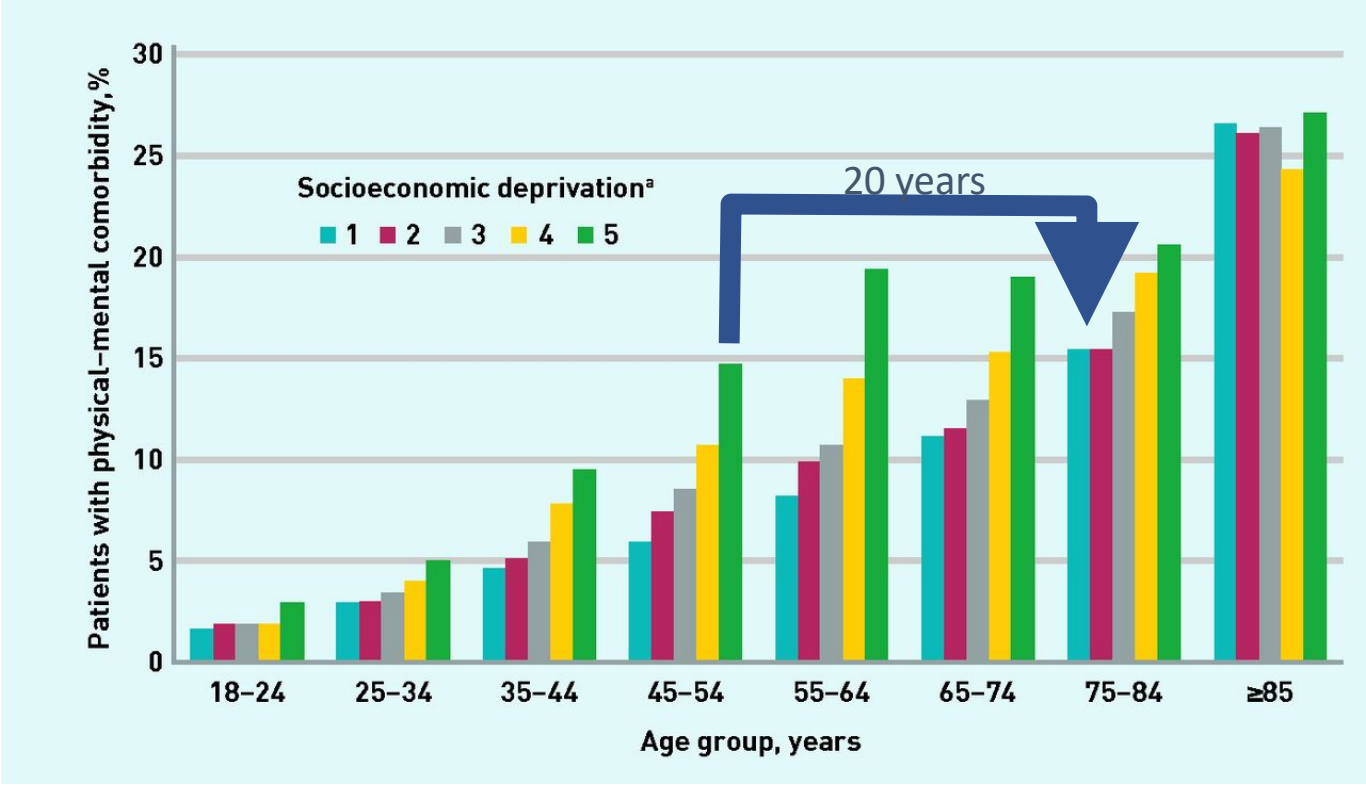
Physical-mental comorbidity by age and SES



WAPHA’s geographic advantage

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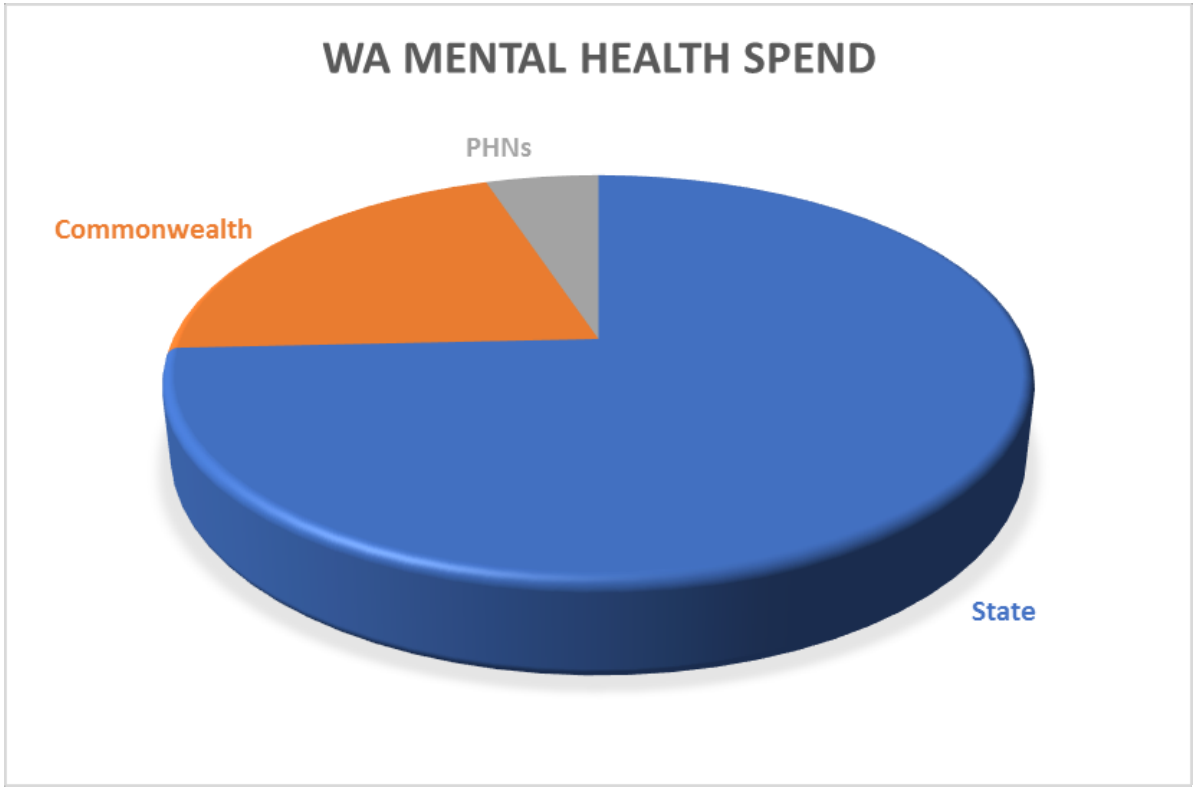
WAPHA’s funding advantage



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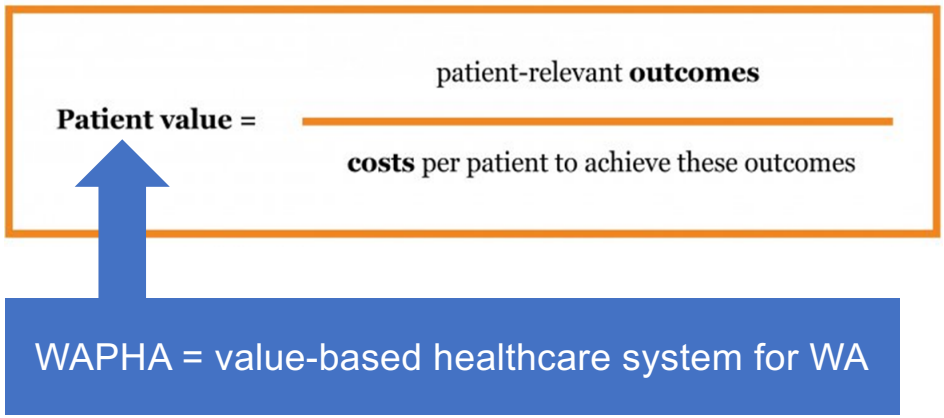
WAPHA's fundamental advantage

Principles may be used in the *absence of evidence* (e.g. in establishing a service where no strong evidence exists) or *instead of evidence*, where evidence exists, but is discounted (e.g. on political or financial grounds)

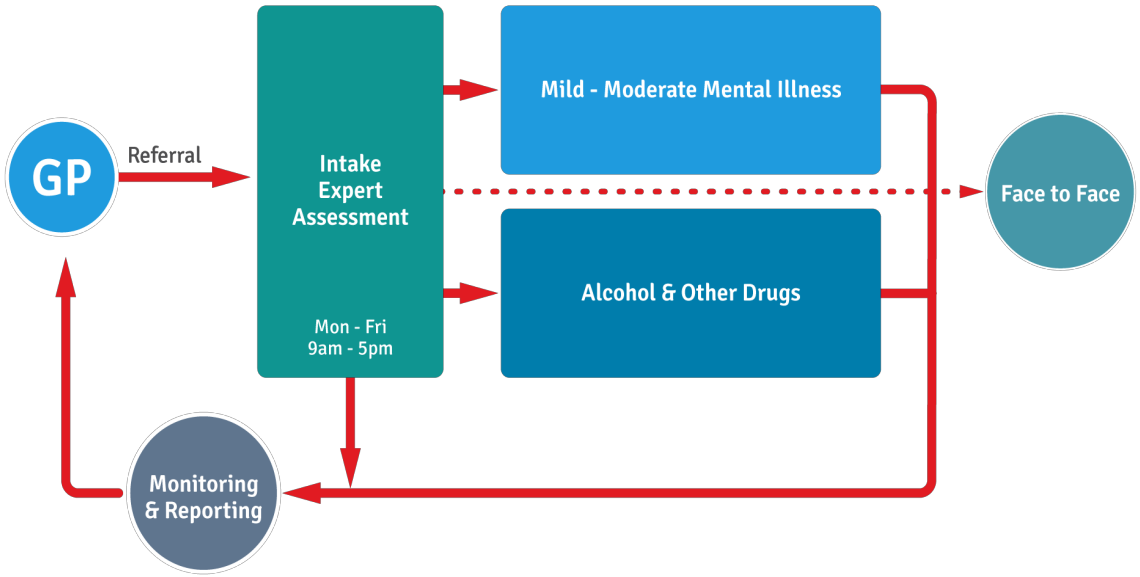
Principles are often used *in conjunction with available evidence*. This may be: (i) to attach relative value to the results of research or (ii) to adjudicate where the research evidence is unclear or conflicting

Principles may be used to produce *new outcome measures*

Principles may orient decisions on *directions for research* funding and future scientific developments



GP connected measurement-based care (default model)



- GP gateway
- Virtual clinic(s)
- Standardised intake
- Structured interventions (SPT)
- Real-time monitoring and feedback
- F2F an option

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PORTS Clientele coverage - 01/03/2020 - 29/04/2020

PHN

- Country WA
- Perth North
- Perth South

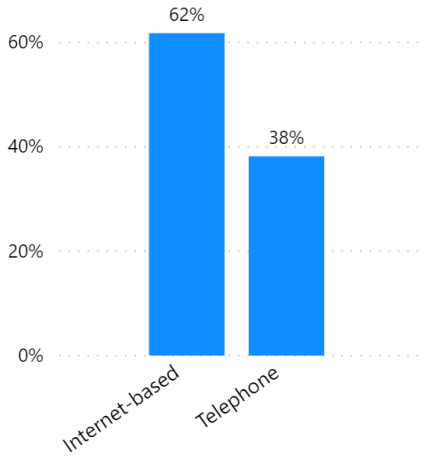
Serviced Clients

474

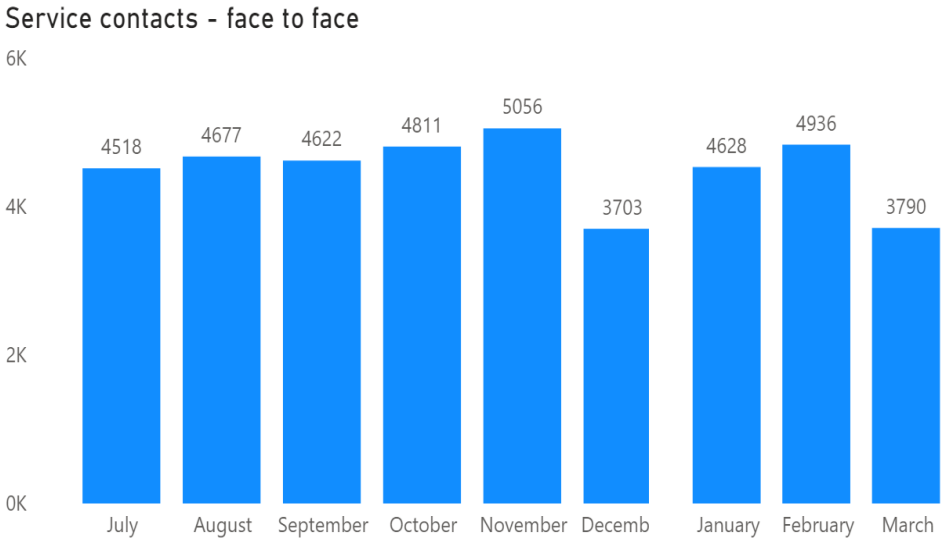
Active Service Contacts

2292

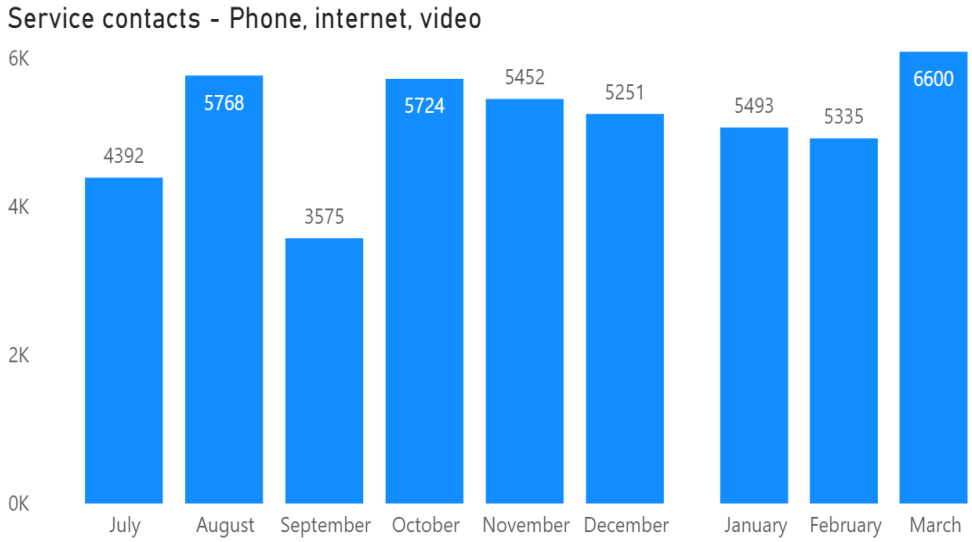
Service Contact Modality



System adaptability – at cost (NFL)



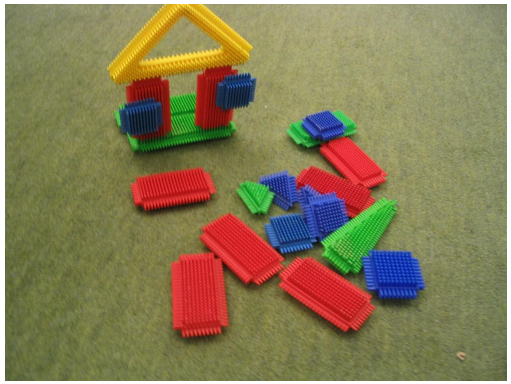
without calendar adjustment



without calendar adjustment

General Practice centred

- WAPHA operates: in a layer and relatively autonomously
- Secondary<>Primary pathways under-specified
- GP referral is a rate-limiting step – gatekeeper to care
  - The General Practice business model is dependent on gap-payments and/or volume F2F throughput for viability in many locations
  - Little prior incentive to build-in tele-health capability
  - MHCP bulk-billing benefit is marginal, at best, and not easily undertaken via tele-health *de novo*
  - *The incentives for General Practice are otherwise directed*



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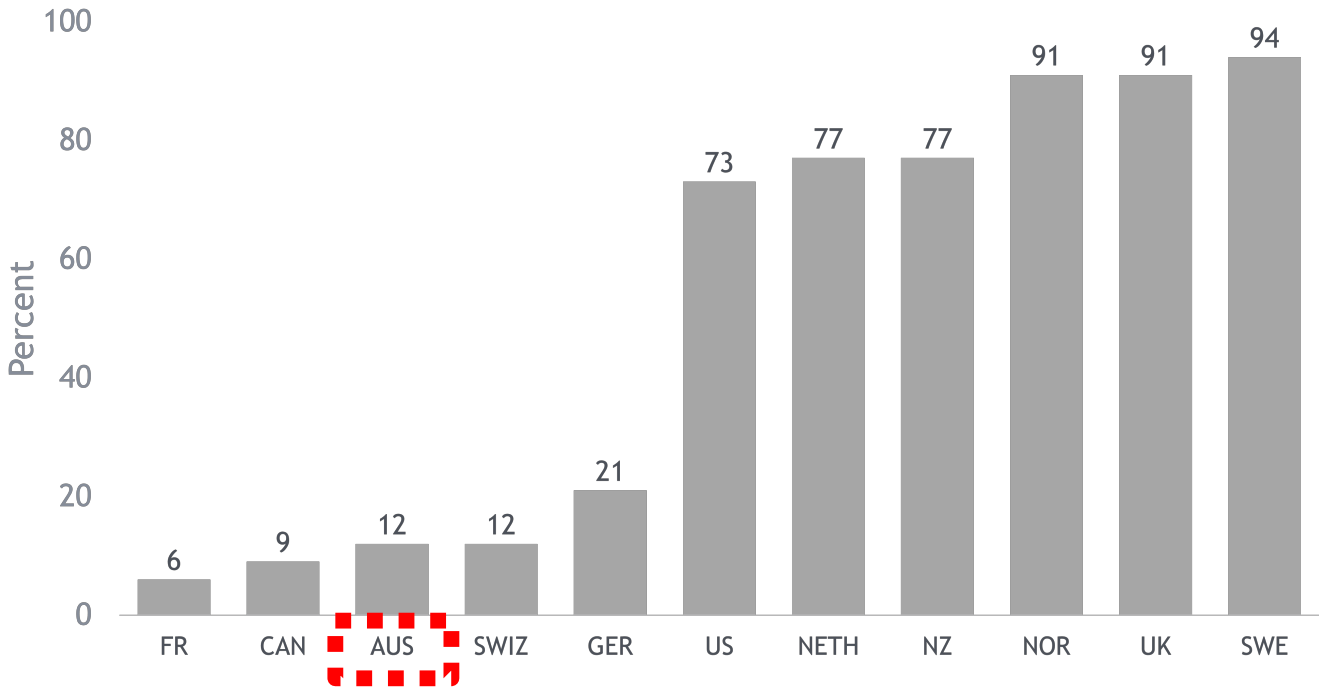
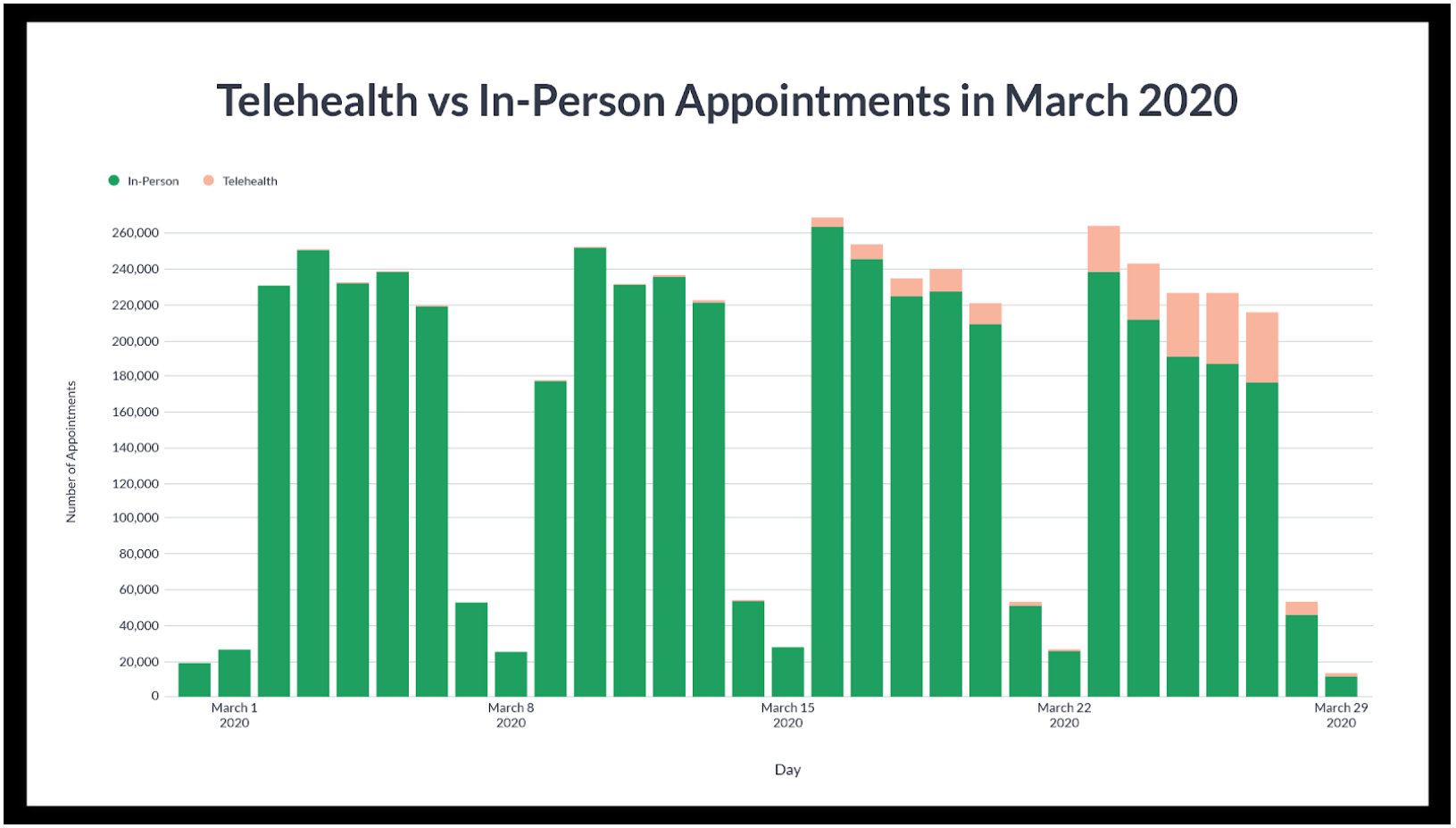
Practice offers patient option to request refills for prescriptions online



Data: 2019 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Source: Michelle M. Doty et al., "Primary Care Physicians' Role in Coordinating Medical and Health-Related Social Needs in Eleven Countries," *Health Affairs,* published online Dec. 10, 2019.



https://www.hotdoc.com.au/practices/blog/what-is-covid-19-doing-to-gp-appointment-volumes-across-australia/

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System status quo – end of term one I

- Mental health service planning, funding, and provision in Australia is segmented by design – it's pre-wired that way
- Accountability is not built in, but layered inconsistently on top
- Reform needs more than a "health direct" account and access to NBN
  - Not an ICT problem or a substitute technology problem (mercury to digital thermometer)
- End-to-end process redesign

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System status quo – end of term one II

- Reinvent and reinvest in generalism as the mainstay of integrated care
  - efficacy, effectiveness, efficiency, ACCEPTABILITY, optimality, legitimacy, equity
    - Exemplar, see Buurtzorg nurse-led teams supporting patients and GPs

      (https://www.buurtzorg.com/about-us/buurtzorgmodel/)
- Scale
  - up (scaffolding, simple) easy and common > placeless
  - out (complex: context embodies process) rare but possible > place-based
- Expert-led, MBC with feedback into to process flow to generate adaptive improvement
  - Avoid: command and control and the fidelity fetish (perfection kills)
- "Average man" models amplify inequity
- Requires the emergence and support of new mediating structures and not "thermometer thinkers"

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Q & A

Please use the **Chat** facility in **Zoom** to write your question and enable all participants to see your question.

If called by the host to ask your question in person, please **‘unmute’** your microphone & when finished go back to **‘mute’.**

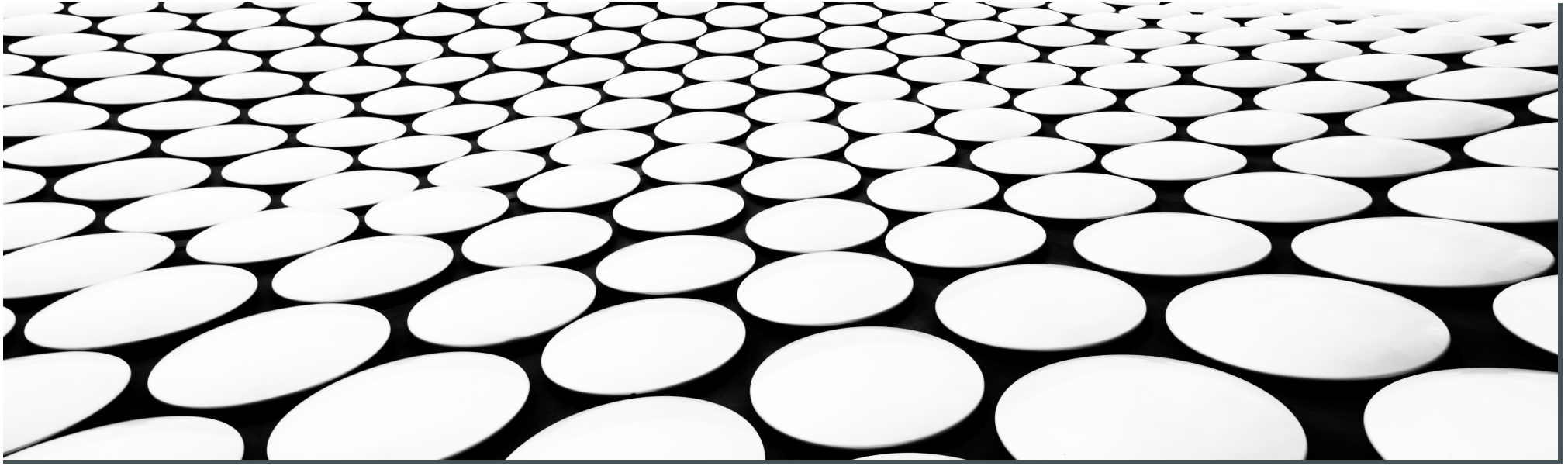
Adj Assoc Prof Chris Lilley

Chris Lilley is Clinical Service Director Mental Health and Addiction Service for SCHHS where he leads the COVID-19 response from a Mental Health perspective. As a Child and Adolescent Psychiatrist, he is also clinical lead for the Gympie Child and Youth Mental Health Team.

As an Adjunct Associate Professor, Mind and Neuroscience, Thompson Institute, Chris recently completed a three-month secondment as Executive Director Medical Services, Sunshine Coast Hospital and Health Service. During this time, he was Health Commander for that organisation's response to COVID-19.

Being a Small-FISh Psychiatrist in a Big COVID-19 Pond

DR CHRIS LILLEY, SUNSHINE COAST HOSPITAL AND HEALTH SERVICE



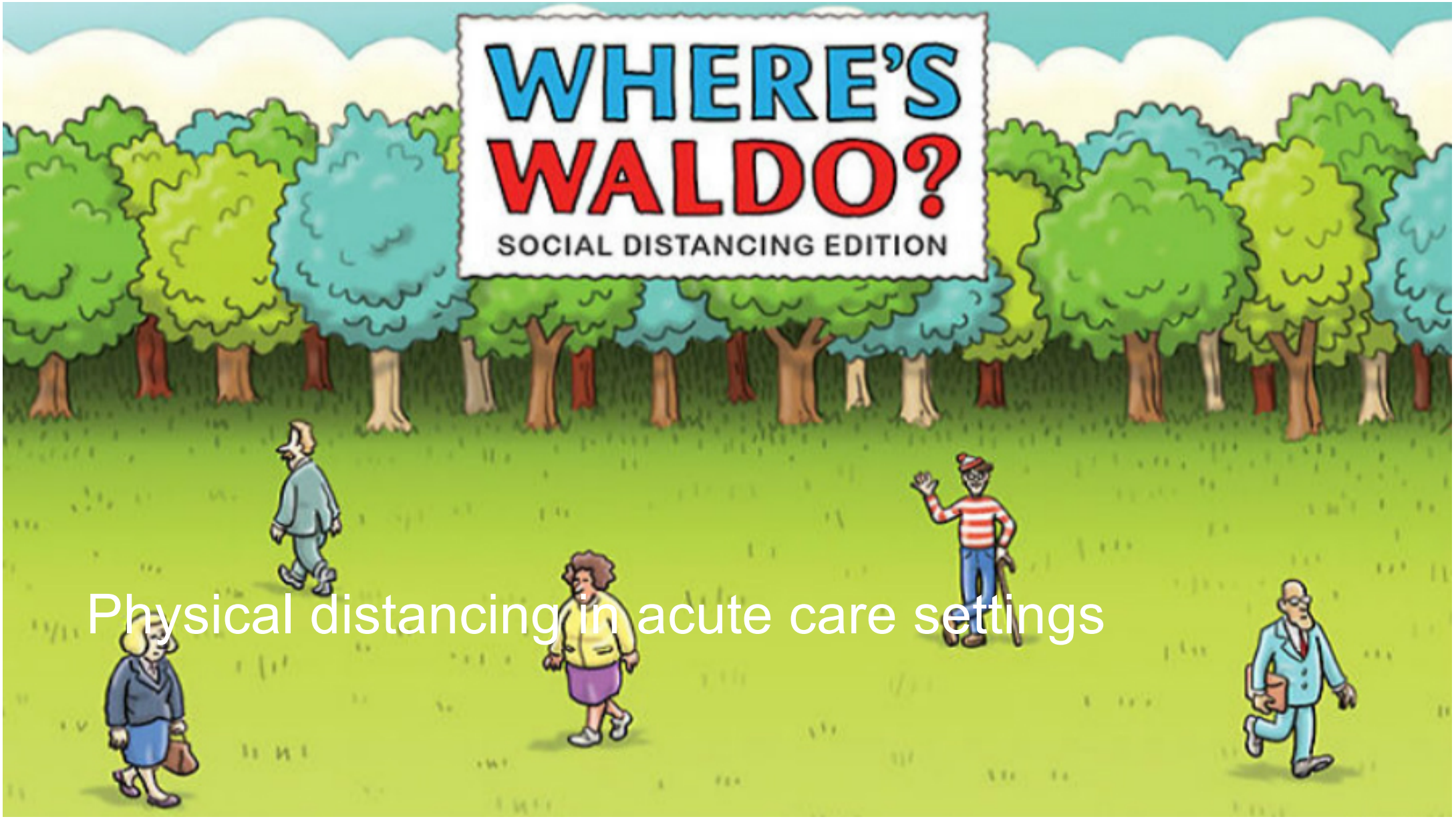

It is great to
come second

PPE IS EVERYTHING


Technology and
innovation

Legal Risks

Clinical and environmental Risks



Physical distancing in acute care settings

The big picture

Q & A

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Prof Pat Dudgeon

Pat Dudgeon BAppSc. GDip(Psych). PhD. FAPS is from the Bardi people of the Kimberly area in Western Australia and works at the School of Indigenous Studies at the University of Western Australia in Perth, Western Australia.

Pat's areas of research include Aboriginal and Torres Strait Islander social and emotional wellbeing and suicide prevention. Amongst her many commitments, she was a Commissioner of the Australian National Mental Health Commission, is a member of the Australian Indigenous Psychologist's Association, and Co-Chair of the Ministerial Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group. She is currently Director of the UWA Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, and a chief investigator on significant grants.

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GROUP OF EIGHT AUSTRALIA

COVID-19

Roadmap to Recovery

A Report for the Nation

Professor Pat Dudgeon, Poche Centre for Indigenous Health

School of Indigenous Studies, The University of Western Australia

THE UNIVERSITY OF WESTERN AUSTRALIA · MONASH University · Australian National University · THE UNIVERSITY of ADELAIDE

THE UNIVERSITY OF MELBOURNE · UNSW SYDNEY · THE UNIVERSITY OF QUEENSLAND AUSTRALIA · THE UNIVERSITY OF SYDNEY

We acknowledge and pay our respects
to the traditional custodians of the land we meet on
today, and our Elders past, present, and emerging.
We also wish to acknowledge and respect the continuing
culture, strength, and resilience of all Aboriginal and
Torres Strait Islander peoples and communities

9 The Care of Indigenous Australians

Current Context

The disproportionate impact of pandemics on Indigenous populations worldwide has been well documented. In responding to the global COVID-19 pandemic, Australian Indigenous organisations have shown exemplary leadership and innovation in their efforts towards preparedness. Urgent action is required to ensure Australia's indigenous community is protected from COVID-19, now and especially in the recovery phase as the nation 'reopens'. Plus, the inevitable recession will aggravate an already critical situation for many Indigenous people.

Recommendations and Key Findings

It is recommended that the Government addresses four key issues to design the COVID-19 recovery roadmap for Aboriginal and Torres Strait Islander people and communities.

- **The right to self-determination & coordination**
- **Housing Supply**
- **COVID-19 Public Health and Clinical Responses should be maintained**
- **Aboriginal and Torres Strait Islander Health Workforce Review**

Q & A

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Catherine Lourey

Catherine Lourey As NSW Mental Health Commissioner, together with people with lived experience of mental health issues and caring, families and kinship groups, and other stakeholders, Ms Lourey leads the work of the Commission to achieve its overarching goal for people with mental health issues to live well in the community, on their own terms, having the services and supports they need to live a full life. As Commissioner, Ms Lourey is focussed on whole of government strategic planning to collaboratively set the agreed priorities for improving mental health. This includes keeping the government and the sector accountable for progress with mental health reform through monitoring and reporting, and advocacy to ensure improved outcomes.

Ms Lourey has over 30 years' experience leading and delivering major strategic and complex mental health projects. She is committed to improving outcomes for people with lived experience of mental health issues in NSW and improving effectiveness of health and social support systems to meet the needs of local communities.

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CATHERINE LOUREY
NSW MENTAL HEALTH COMMISSIONER

GLOBAL IMPACT OF COVID-19 ON MENTAL HEALTH:

IMPLICATIONS FOR POLICY AND PRACTICE IN AUSTRALIA

30 APRIL 2020

Mental Health Commission
of New South Wales

A NSW SNAPSHOT

- New package of mental health supports
- The multiplicity of responses
- Specific challenges for Aboriginal communities
- What the Commission has been doing
- The importance of positive and clear messaging

NSW $73M mental health support package

The NSW Government's support package includes:

- over 180 additional specialist, community-based mental health clinicians and peer support workers
- expanding the virtual mental health program to all local health districts
- free access to Tresillian's digital SleepWellBaby program
- capacity for 60,000 extra calls to the 1800 NSW Mental Health Line
- creation of pop-up mental health Safe Space sites, reducing pressure on emergency departments.

Population data initiatives currently underway

- The NSW Chief Scientist is leading a collaboration to develop a population mental health tracker, which will draw upon a range of data sources including NSW and Commonwealth (such as MBS and PBS).
- The NSW Data Analytics Centre (DAC) is establishing this linked data project on NSW population mental health and wellbeing across agencies. This will feed into decision making as the NSW Government dynamically adjusts lockdown parameters.
- Swinburne University has developed an app #BEATCOVID19NOW to track COVID-19 symptoms and location. Swinburne University is in contact with relevant organisations around Australia (including the NSW MHC) regarding the potential use of the app.

Legislative responses in NSW impacting mental health

- The *Covid-19 Legislation Amendment (Emergency Measures)* Bill amended the *Mental Health Act 2007* (for a minimum period of 6 months) so the Mental Health Review Tribunal may now
  - conduct a mental health inquiry by telephone, adjourn a mental health inquiry for up to 28 days or
  - extend a community treatment order by up to 3 months if the Tribunal considers it necessary to do so because of the Covid-19 pandemic.

Particular challenges for the Aboriginal Community

- Aboriginal people living in rural and remote areas of NSW have less access to medical services and these services are potentially not equipped to deal with COVID-19 infections, particularly ICU beds, ventilators, PPE etc.
- Aboriginal and Torres Strait Islander people 50 years and older, with one or more chronic medical conditions (e g diabetes, cardiovascular disease) are at higher risk of having poorer outcomes if infected with COVID-19.
- Aboriginal people have a lower life expectancy than the general population and infectious diseases like COVID-19 pose a significant risk. Travel restrictions into remote Aboriginal communities are in place in NT and WA and are also under consideration in NSW.

What has the Commission been doing?

- Consistent with its advocacy function, the NSW Commission has taken a key role in bringing together peak member organisations – Being, Mental Health Carers NSW and the Mental Health Coordinating Council to gather and share information about the mental health impacts of Covid-19.
- Particular issues that have come to our attention which we are actively addressing include:
  - The technology divide between socio-economic groups
  - The need for CMOs to access brokerage funding to provide assistance to their clients
  - Carer access to respite in households with heightened distress
  - Looking at peer led initiatives and supports
- We have also established a regular Covid-19 video conference with National and State/Territory Mental Health Commissions and Mental Health agencies to ensure we are all sharing information and initiatives.

The importance of positive messaging

- It is critical that communication strategies maintain positivity during these unprecedent and challenging times. *Hopeful vs hopelessness*
- Positive messaging that include strategies for keeping mentally and physically healthy is important for people with a lived experience of mental illness as well as for citizens who find themselves to be struggling with changes in their day to day life due to COVID-19, the associated economic stress, the recent bushfires and ongoing drought.

The NSW Commission's key messages

- Times are difficult and people may be feeling overloaded with information and what might seem like conflicting messages
- It is realistic and understandable to feel unsettled or anxious
- Know when to seek help
- People with a lived experience of a mental health issue are experts in recovery, experiences of isolation
- Lean into the supports available
- Some people/communities are facing additional Covid-19 challenges
- We can learn from this experience – for a better future.

NSWMENTALHEALTHCOMMISSION.COM.AU

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NSWMHCommission

Mental Health Commission of New South Wales

Q & A

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Australian National University

Dr Lynne Coulson Barr OAM

Lynne Coulson Barr OAM is Victoria's first Mental Health Complaints Commissioner. The office is unique to Victoria and was established under the Mental Health Act 2014 as a key part of the safeguards, oversight and service improvement provisions of the Act.

Dr Coulson Barr is committed to working with consumers, families, carers and services to ensure complaints are seen as an opportunity to improve public mental health services, and to use the information from complaints to drive positive changes in the mental health system. She was recently awarded a Medal of the Order of Australia for service to community mental health in the 2020 Australia Day Honours list.

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Mental Health Complaints Commissioner, Victoria:

Insights on COVID-19 mental health Impacts from complaints

Dr Lynne Coulson Barr OAM
Commissioner
ANU roundtable: Global impact of COVID-19 on Mental Health: Implications for policy and practice in Australia
30 April 2020

Outline

- Background to the MHCC and its role
- Victorian context – Mental health responses to COVID-19
- Key principles guiding Victoria's response
- Overall themes in complaints during COVID-19 crisis
- Covid-19 impacts identified in complaints
- Underlying issues and risks to consider
- Important features of approaches in Victoria
- Some initiatives by services and opportunities

Background to the MHCC

The MHCC was established under the *Mental Health Act 2014 (Vic)* in response to community feedback seeking:

- an independent specialist complaints body- unique to Victoria
- new ways of responding to complaints about public mental health services
- processes that are *accessible*, *supportive*, *responsive* and *timely*

Key part of the Act's safeguarding, oversight and service improvement provisions

- works with department, Chief Psychiatrist and other statutory bodies

MHCC

MHCC role and purpose

- safeguard the rights and dignity of people
- resolve complaints in ways that uphold the mental health principles and support recovery
- formally investigate serious matters involving risk, rights & safety
- educate & assist services to develop effective approaches to resolving complaints
- identify issues of rights, quality and safety from themes in complaints and drive service & system improvements

Complaints provide a vital window into people's experiences

MHCC

Victorian context – COVID-19 mental health responses

- Dedicated Mental Health Covid-19 response led by Mental Health Branch, Chief Mental Health Nurse and Mental Health Reform Victoria
- Weekly forums and communiques with guidance/updates to services
- Weekly meetings with MHCC to review issues from complaints
- $59.4 million mental health package announced 12 April 2020
- Online mental health resources https://www.dhhs.vic.gov.au/mental-health-resources-coronavirus-covid-19
- New responses and programs continually being implemented
- Key principles developed to guide the response of Victoria's Mental Health System to COVID-19

Key Principles for Victoria's response

1. *'The response of Victoria's mental health services to the COVID-19 pandemic will be managed by governing local health services and informed by the "COVID-19 Pandemic plan for the Victorian Health Sector" (2020).*
2. *Victorian mental health services will maintain essential clinical and psychosocial care that is equitable, accessible, appropriate & effective.*
3. *Partnership (across services, systems and with industrial relations bodies) and collaboration will underpin mental health services provided to consumers, carers and families*
4. *Difficult decisions about access, treatment & safety will need to be made by service providers in Victorian Mental Health Services, working with consumers and their families during the Covid-19 pandemic. Services can consider seeking guidance from Ethics Panels or Committees, that include people with lived experience as members.*
5. *Innovation in the delivery of mental health services will be required to ensure business continuity, implement alternate models of care, and maintain safety for clients, carers and clinicians.*
6. *Changes in the delivery of mental health services should reflect the principles underpinning the recommendations of the Interim Report of the Royal Commission (2019).'*

Overall themes in complaints during COVID-19 crisis

- increased levels of distress and exacerbation of existing mental health challenges or complaint issues
- heightened level of threats and risks of self-harm or suicide expressed in calls or contacts
- concerns about risks, impacts of restrictions, uncertainty and social isolation associated with COVID-19 – underlying most contacts during this period

COVID-19 impacts identified in complaints

Issues related to acute and residential services:

- concerns about restrictions on visitors to services- family, carers, nominated persons
- suspension of leave from units, including leave for smoking
- concerns about risk of contracting COVID 19 in shared spaces in acute units and community care units
- approaches to infection control, including concerns about confinement of consumers to rooms and in intensive care areas
- impacts of planned closure (full or partial) of some facilities to repurpose for COVID-19 treatment

COVID-19 impacts identified in complaints (cont)

General issues & community treatment:

- concerns about consumers' ability to understand COVID-19 risks and restrictions
- availability of community based treatment, administration of medication and delayed changes to oral medication
- consumers reporting that staff not practicing social distancing, and concerns about staff entering consumers' houses
- consumers concerned about travelling on public transport to clinics
- concerns about continuity of care, e.g. that services will remain open, treatment orders expiring due to rescheduled MHT hearings
- concerns about hotel quarantine and mental health impacts

Underlying issues and risks to consider

- decreased numbers of presentations to EDs and admissions and increased calls about threats of self-harm/suicide
- impact of COVID-19 restrictions for consumers experiencing existing restrictions on their rights and freedoms
- increased risks in units if gender safe areas are repurposed
- legal and service responses to people who may not be able to understand or comply with public health directions
- need to interpret intersecting legislation- Public health directives, mental health legislation, and guardianship/protective orders
- increased pressure on families and carers, particularly with consumers not accessing services

Important features of approaches in Victoria

- importance of a human rights framework to guide responses- *Victorian Charter of Human Rights & Responsibilities Act 2006* & *Mental Health Act 2014*- rights and principles
- importance of strong and clear 'system stewardship' and collaborative approaches across the sector
- benefits of 'real time' tracking of emerging issues through sharing complaint themes and issues being identified in services
- facilitation of sharing of guidelines/practice initiatives/responses between services through forums and a secure web, accessible to public and private health services.

Some initiatives by services and opportunities

- increased use of technology to facilitate contacts and virtual visits (e.g. funding to consumers and carers to purchase smart devices; community visitors and mental health advocates/legal representatives ‘virtual visits’ to services)
- alternatives to acute admissions being implemented (e.g.parent and baby ‘hospital in the home’ model)
- use of ‘Ethics committees’ by services to guide decisions, including members with lived experience
- increased level of collaboration across the sector in addressing the significant mental health impacts of the COVID-19 crisis.

MHCC MENTAL HEALTH COMPLAINTS COMMISSIONER

Everyone's experience matters.

- Call **1800 246 054**
  Free call from landlines
- **mhcc.vic.gov.au**
- **help@mhcc.vic.gov.au**

MHCC

Q & A

Please use the **Chat** facility in **Zoom** to write your question and enable all participants to see your question.

If called by the host to ask your question in person, please **‘unmute’** your microphone & when finished go back to **‘mute’.**

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Christine Morgan

Christine Morgan is CEO, National Mental Health Commission, and National Suicide Prevention Adviser to Prime Minister Scott Morrison. She is a passionate leader in mental health care reform, committed to listening and responding to the voice and needs of those with lived experience.

Prior to joining the Commission, Ms Morgan was CEO of the Butterfly Foundation and Director of the National Eating Disorders Collaboration. There she led a collaborative advocacy strategy (now being replicated nationally) that included amplification of eating disorders as a serious mental and physical health issue. She has also held not-for-profit roles as: General Manager, Corporate Services and Community & Family Development, at Wesley Mission; and as Executive General Manager at Telstra, responsible for managing strategic direction and business unit effectiveness of the Wholesale, Broadband & Media Business Unit.

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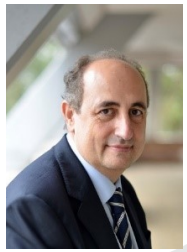

Thank you.

Stay well & stay in touch.

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