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Submission

National Primary Health Care Strategic Framework – Consultation Draft

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VICSERV's submission to the National Primary Health Care Strategic Framework – Consultation Draft

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria. These services include housing support, home-based outreach, psychosocial and pre-vocational day programs, residential rehabilitation, mutual support and self-help, respite care and Prevention and Recovery Care (PARC) services.

Many VICSERV members also provide Commonwealth funded mental health programs.

VICSERV welcomes the opportunity to provide a submission to the *National Primary Health Care Strategic Framework – Consultation Draft*. In formulating this submission every reasonable effort has been made to consult with VICSERV members in accordance with the *VICSERV Policy Consultation Framework* within the timeframe imposed by the consultation process.

This submission and the recommendations contained therein are focused on:

- ways in which the framework can add most value to the health system more broadly
- the maximisation of patient health outcomes and experiences.

As both questions posed are interrelated, they will be treated as one for the purposes of this submission.

The social determinants of health

VICSERV is pleased to see mention of examining opportunities to address the social determinants of health under potential action 3.1 of Strategic Outcome 3. However it feels that restricting it to Strategic Outcome 3 will not go far enough to addressing disadvantage and improving access to healthcare if there is no clear commitment to the social determinants throughout the framework.

VICSERV in 2009 launched *Pathways to Social Inclusion* consisting of four propositional papers. The papers are:

- *Social Inclusion*: an outcome measure for the mental health service system – the first in the series and a conceptual introduction to the others
- *Health Inequalities*: policy and practice failure
- *Housing and Support*: a platform for recovery
- *Economic Participation*: employment and education – changing outcomes

Though a few years have since passed, the key tenets of the papers still remain to be true. A copy of the papers may be found on the VICSERV website: www.vicserv.org.au

Whilst the draft framework aspires to create a primary health care system which has as its strategic outcome improved access, reduced inequity and consumer focus, this cannot be achieved through clinical interventions alone. A framework which considers a person to be

multifaceted and illness within the context of social determinants would go some way in reducing inequity and add most value to the health system more broadly.

The community based health system

By including community based health (which includes mental health) within scope the framework will have a better chance of attaining its stated aims. The current draft neglects to mention the community based health sector as one of the key stakeholders for achieving better consumer outcomes and an integrated healthcare system. An extension of the scope beyond looking only within primary health care would assist in the strategic outcomes outlined.

Tapping into the complementary practice of community based mental health as well as contributing to interdisciplinary referral systems would improve access. The framework as it stands is very focused on clinical interventions and assumes access via GPs rather than alternative avenues or taking a “no wrong door” approach. One of the missing partners in the framework is community health, wellbeing and social services and indeed the community. VICSERV recommends that the framework be revised so it is not so insular in its approach but rather supports a well networked, cross-sectorial healthcare system.

Physical health needs of those with a mental illness

Research for the *Health Inequalities* paper revealed the following facts:

- People with mental illness have a higher death rate across each of the main physical causes
- Their death rate is 2.5 times greater than that of the general population
- People with mental illness are 30% more likely to die from a cancer diagnosis
- The death rate from heart disease has increased substantially for women with mental illness

The evidence indicates an urgent need for a comprehensive response to address the substantial health inequalities experienced by people living with severe mental illness. It is vital to ensure both the primary health (including dental) and chronic illness agendas, at both state and federal levels, specifically address the health needs of people living with severe mental illness. The interface between state and federal mental health funded programs and primary and chronic illness policy, programs and funding, needs to be conceptually mapped and practically built. There is an opportunity in the draft strategic framework to address this issue.

Population health based planning

VICSERV is pleased to see an acknowledgement of consumers as an important part of health care teams however considers that consumers and indeed the wider community have a vital input to the types of and intensity of services they would like to see at the local level. Whilst the draft strategic framework touches on population based planning, it needs to

extrapolate further the strategic intent and partnerships required to address local area needs including input from the community and planning for future demands.