

## Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	Bridget
3. Surname	Silvestri
4. Contact Details	
5. Organisation	
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input type="checkbox"/> Group/organisation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other, please specify: _____
<b>Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)</b>	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

**13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.**

1) I can not emphasise how the lack of leadership in Health is truly appalling. NOW, right now, the difference to outcomes, if all services 'listened' to consumer, carer, family input and used their 'power' to insist upon this collaboration, a truly stronger and high quality system would occur

2) Focus on 'Person Centeredness/inclusion/collaboration'? Despite this being the buzz word for a long time, it is not sincere, nor acknowledged. Again this will take STRONG LEADERSHIP. ie" This is what Per.Cent. means - follow with an example, get all involved in within health to be trained & reminded 'often' to walk in the shoes of this person before them." ie To STOP and think. This will take years for the culture to change, so let's get on with it.

3) Enhancing ED's for those experiencing mental ill health? Families & consumers DO NOT WANT ED EXPERIENCES. Many staff too, understand it is not the right environment. This experience is NOT PERSON CENTRED. My experience is that many, many GP's, hospitals, outpatients & WAPHA have no understanding or respect for family and carers input. We are disrespected yet left to continue the 24hr care, many of us live.

4) If only! What is desperately needed is to see RELATIONSHIP developed as the anchor of lives better lived, better managed. Acute and community services is still too remote from this ideal, it is isolating, that is for 'those who won't engage' relationship not biomedical treatment alone, that families crave.

5) Equity in country health? So hard, with the tyranny of distance and inadequate resources and people not willing to work in such areas. Perhaps a phone system, easily accessible would be helpful for families to at least alleviate their concerns at any given time. BUT a phone system that is promptly accessed and responded too. Of course online info can help but we need human contact in these situations.

6) Developing partnerships for better Aboriginal health outcomes. Yes, a collaborative approach between state and federal governments. When? In the meantime, more workers are needed in the communities to make a real difference.

7) IT IS DAMNING WE ARE STILL TALKING ABOUT CREATING THE RIGHT CULTURE'. Culture change has been looked upon as too hard by many leaders in health, for far, far, too long. It needs to start with accountability. If people are not in the mindset to work in a collaboration with families/carers/consumers, they are better off not working in health, especially mental health. Indeed must not be allowed too.

WHERE IS THE INITIATIVE WITHIN THE TRAINING OF OUR UP AND COMING PSYCHIATRISTS?

8) I am not good with technology but understand it is the ongoing way of communication and as

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all services talk through this medium, I have to agree that it should be used innovatively. HOWEVER, ticking the boxes is a problem with technology, it is the follow up of a human being dissecting, inspecting and ACTING on what they have just read that makes the difference. Can we ever hope to audit this well?

9) Support the enabling of research and innovation translation within every day practice? BRING IT ON! Western Australia, lags behind such practice and it continues to the detriment of those with serious mental ill health.

10) Not sure about this. Hastening the recruitment of staff? In WA I know that a mental health nurse has no need of serious study and training to work in Mental Health, their general nursing certificate is sufficient. NOT GOOD ENOUGH.

I have the experience of police who have responded in a better way to someone experiencing psychosis, compared to a mental health nurse.

Nurse practitioners, should be used much more extensively in all areas.

11) Not sure about how to go about Planning and investing more wisely. There are so many simple measures to reduce costs within the health system NOW. eg. Alternatives to the general ED's for mentally unwell people, nurse practitioners being used much more, people with chronic conditions being flagged for access to path tests without the need to first acquire a 'form' from the GP. An incentive to people on Health Care plans, to seriously start implementing changes in their diets and lifestyles. A bit more persuasion here is required!

12) Financial Sustainability Measures being continued? See my last comments, these processes could begin happening tomorrow. Strong Governance ie STRONG LEADERSHIP & accountability if there is no improved outcome. I don't want people losing their jobs but I want them to be innovative and if something doesn't work to improve sustainability, try something else.

Families/Carers/Consumers are a captive audience. We are not partners and we need to be, it is so obvious if government wants to save money.

**14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?**

The panel has done well and the resulting Interim Report pretty much covers the important features.

For my own part the inclusion of Families & Carers of the seriously mentally ill, will result in much better outcomes less hospital admissions, criminal justice involvement and the deterioration of the family/parents health as a result. The latter being caused by us not being collaborated with and being left to flail until the next hospitalisation.

I found the issue of Drug Addiction glaringly omitted. Surely one of the Directions should have included this monster in our midst.?