

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input checked="" type="checkbox"/>
Organisation	Complex Attention Hyperactivity Disorders Service (CAHDS)
First Name(s)	Wai
Surname	Chen
Contact Details	████████████████████

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Dear Sir and Madam,

I am writing to make my submission to the Sustainable Health Review – regarding the roles of resilience, psychological hardiness and post-traumatic growth in relation to Sustainable Health. These factors predict wellbeing not only in the psychological domains, but also in physical health – thereby influencing both physical and psychological sustainable health.

There are several types of stressors. Some are major life events (individual-based), some are traumatic events (rarer occurrences) while some are developmental challenges (universal) but turned into detrimental stressors in the context of individual vulnerable factors. The fourth type is daily hassles (common and universal) turned toxic. A recent study demonstrates that severe daily hassles (in quantity, degree and also the person's reaction to these) predict both morbidity and mortality in adults.

There are thus a number of psychological skills that can be taught and learnt, which can increase the capacity to cope with stress. My submission is that Sustainable Health must include fostering *psychological fitness*, which includes resilience, positive coping and more successive engagement with all four types of life challenges – apart from symptom reduction promoted by conventional medical models.

Our unit is currently conducting research on the applicability of all the above models within the social recovery model (mainly based on adult schizophrenia literature) to children and adolescents with Attention Deficit Hyperactivity Disorders. We focus on individuals who have successfully negotiated the challenges – overcoming the odds to make meaningful engagements.

One key innovation is to combine the well-tested conventional medical model (diagnosis, delineating disabilities versus abilities, treatment of symptom, symptom control, impairment reduction) with psychological education of the above issues as well as innovating a 'treatment method/technology' which can reliably deliver the results in fostering resilience, positive coping and successive engagement/participation in life.

If these thoughts were of interest to the panel, I am happy to submit a fuller exposition in due course.

Kind regards

Wai

Professor Wai Chen
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