2019 Submission - Royal Commission into Victoria's Mental Health System

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"This is a long term process which will take many years unfortunately. Those who have no direct experience of mental health issues (those who are not mentally unwell or caring for those who are mentally unwell) have no urgency to learn about mental health and its issues, so it is a long term project to raise the profile of mental health in the community and to educate the community about mental health. Stigma and discrimination occur because the community is uneducated about mental health. Employers need education in mental health and need to be absolutely sure of their legal position - that they are protected from any legal liabilities when they employ persons who have a diagnosed mental illness, that the persons are ""seen legally"" as competent to perform in the job without risk. Increased employment will benefit the mentally unwell and their presence in the workforce will assist in educating their fellow workers. Tabloid newspapers and other media need to be encouraged to avoid sensationalism in their reporting and to report in a responsible manner. ""Sensationalist"" reporting is very damaging and perhaps the Press Council can do more in this area. Increased opportunities for the public to work in a volunteer capacity for organisations who are caring for/treating those with a mental illness would also facilitate broader education of the public.   "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"The fact that there is a ""system"" in place already in Victoria is I believe a ""positive"" - even though it is grossly undersized and under resourced. Some of the staff in the current system are working hard and well in the face of difficulties they cannot overcome, but the issues I have noted above result in demoralisation of some in the workforce and this is contagious and reduces overall effectiveness and morale. To ""support people to get early treatment and support"" there needs to be a large increase in resource (dollars and personnel) made available to provide the amount of support needed. I do not believe that the current model which relies upon GPs to be the primary point of treatment is working or can work - the GP model does not provide the expertise or personnel with sufficient time to address the issues of those who are mentally unwell. We cannot treat mental illness with ""10 minute appointments"" - much more time is required, as is continuity of treatment and treating personnel. Any new system (or system changes) should be structured so that the layers of bureacracy are reduced - there should be many more personnel engaged in ""doing"" at the coal face and far fewer ""General Managers"" employed to do Administration, the management structure should be flattened considerably. I do not know that there is a scientifically proven method ""to prevent mental illness"" so it is not possible to ""better"" it. I believe better and closer relationships between parents and children could be a key factor in the early detection of possible mental health issues in children as they grow, and the early detection should lead to earlier treatment of the issues. It is possible that more and closer adult supervision of teenage children after school hours could be a large benefit in educating, mentoring and communicating

with those children - permitting ""earlier detection"" of mental health issues and perhaps reducing or even preventing dangerous behaviours (drug and alcohol abuse) from occurring. Provision of parent/adult time could be facilitated by allowing working couples to ""income split"" thus freeing up one of the parents to remain at home rather than having both parents absent in the workforce (while adolescents are unsupervised after school hours). "

What is already working well and what can be done better to prevent suicide?

"I am not sure anything in this area is working well. My son took his own life after treatment in the current mental health system for 12 years. My son did not engage well with Treatment Providers and lacked insight into his condition, and developed abusive habits with alcohol and drugs. During his 8 admissions to APUs (Acute Psychiatric Units) over those years his major complaint was that nobody really tried to engage with him, or spend large amounts of time speaking with him, during the time he was in the APUs. To enable that dimension of contact would require a major increase in resource in the system but I think that is a necessity (as I have said above). That increase in contact (one on one discussion) should continue outside the APUs and within the Area Mental Health Services. It cannot be provided by GPs as there are not enough of them and they simply do not have the necessary time. Improved co-ordination between Mental Health Services and Drug and Alcohol Treatment Services would also be of benefit. Large numbers of mentally unwell persons self medicate and then develop issues with Drugs and Alcohol - and the two cannot be treated in isolation, they must be treated together. There needs to be a large increase in Resource (both people and appropriate facilities and accommodation) to enable this to occur.   In recent years it has become apparent that some CAT Teams were refusing ""call outs"" to attend to persons in distress if the Team believed that alcohol or drug usage was involved in the incident. This is unacceptable and greater resource is needed to ensure adequate CATT performance. I have had experience of my son being ""triaged"" over the phone by CAT Teams - absolutely unacceptable - and being ""triaged"" by a CATT member discussing the situation by phone with an attending police officer - again unacceptable. CATT resource must be available to attend callouts. Provision of ""decent"" accommodation for the mentally unwell is also needed. Leaving them to the rapacious persons engaged in the private (and mostly illegal) accommodation market is a recipe for hopelessness and risk of suicide. I believe there needs to be a re-evaluation of the use and place of ""compulsory"" treatment for those who are mentally unwell. I understand that everyone has the right to freedom and self determination, and to be not restrained against their will. However perhaps that needs to balanced against a desire or behaviour which may lead to self destruction.   "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Lack of effective treatment of their mental health issues is one of the major hurdles to be overcome. There are basically two types of persons involved in mental health issues - those who have insight into their condition, and those who do not have insight. I believe the former are ""easier"" to treat than the latter. The latter may simply refuse treatment and that makes it very hard to improve their mental health. Even if diagnoses are accurate and agreed, improvement can be stymied by lack of resource (either of treating persons, psychiatrists/psychologists etc or of facilities). Poverty or lack of finances is a major issue and prevents improvement in living conditions and personal outlook. Poverty also results usually in poor accommodation or even homelessness and it is almost impossible to recover/improve once one is homeless. Both poverty

and poor accommodation, as well as the stigma of mental illness, then result in severely reduced employment opportunities and thus the absence of a major recuperative factor - employment. Employment is, I believe, one of the biggest factors in improvement in self-esteem and thus improved mental health. Satisfactory, safe accommodation is a major requirement I believe in improving mental health. The current link between Mental Health and Drug & Alcohol Services must be improved - the link must be positively co-ordinated, some person must have overall responsibility.   "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"My 12 year experience with Mental Health has occurred in the Melbourne Metropolitan area with the one exception - a single episode in which my son traveled to a country town 130 km from Melbourne seeking accommodation with his grandfather. I believed he was badly unwell at the time so I tried to enlist the help of Mental Health Services in that country area only to find that effectively there were no Mental Health Services in that Region (let alone town). The ""problem"" was ""resolved"" by the police effectively running him out of the town - they returned him to the railway station and told him to catch a train back to Melbourne. There is obviously a dearth of effective Mental Health Services outside the Melbourne Metropolitan area. This is unacceptable and must be changed. Appropriate Mental Health Services must be provided without delay."

What are the needs of family members and carers and what can be done better to support them?

"In retrospect being the parent of, and carer for, my mentally unwell son has been the most traumatic period in my life. Family members and carers can become very stressed and continue to live in a highly stressed state for years, sometimes without realising how badly stressed they are. Carers/Parents can become hypervigilant by living on a ""knife edge"" particularly if the person they are caring for has no insight and whose behaviour leads to involvement in drug and alcohol (and tobacco) abuse. One lives in fear of the phone call with a demand from the unwell person at any time of day or night, or worse still, the call or visit from the police.........It has contributed to the failure of my marriage (a common experience). I have found Carer ""Support Groups"" to be a major benefit to me both in Mental Health and Drug/Alcohol addiction. Being able to mix with people who have had/are having a similar experience is very cathartic and educational - very valuable. Other Carers already ""belong to the club"" and understand what carers are experiencing so are automatically on the same wavelength. I believe these should be run by the Area Mental Health Services as an obligation to the community. They are very inexpensive to run and their value as an educational and support tool is very high - high ""bang for the buck"" so to speak. Mental Health Professionals should continue to expand the ""weight"" they give to Carer's opinions on how the mentally unwell persons are behaving/living and to involve them in the Treatment Plans. This is easy to do if the unwell person agrees to having the carers involved at all levels, but becomes problematic when the unwell person insists on their right to privacy and excludes the carers from treatment details. There needs to be some consideration of waiving a person's right to confidentiality in some instances I believe. Being able to take an intervention earlier rather than later can result in a lot less damage to a person and a lot less ""cost"" to the system in the long term. Provision of reasonably priced safe accommodation for persons who are mentally unwell would be a major advance. Any reasonable financial benefit to a carer should occur as a matter of course - the system cannot repay carers for what they do so any assistance is valuable.   "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"There needs to be a statewide agreed plan for what the Mental Health System/Drug and Alcohol Abuse System ""looks"" like - how it is structured and what the roles of all staff in the System are. Ideally the Management Structure should be flat (as I have noted before) with as many staff interfacing with the community as possible - the ""doers"" - and with very few staff in middle and senior management positions. Because Mental Health treatment is/should be very time intensive (much more time needs to be spent in contact with the users) it is important to have as many staff in contact positions as possible. Management staff should ideally have hands on experience of a contact role. All positions should have simple position descriptions and responsibilities. The System Structure should be transparent so that staff can visualise and pursue a career path. Remuneration should be at a level which is seen as fair and reviewed appropriately over time. Because of the need for a large amount of contact time with the System Users I believe that positions should be filled by permanent staff and that usage of ""casuals/contractors"" be minimised (assists in continuity of treatment).   There must be provision for ongoing education of all personnel."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"The opportunities for improving economic participation are limited unfortunately. Progress in this area seems to be tied to the removal of the stigma of mental illness and the perception in some areas of the community that those suffering from poor mental health cannot perform satisfactorily in a work role. The ""gig"" economy may offer more opportunities for those with the appropriate skills to be able to complete work in their own time on their own premises."

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"1. Provision of affordable, safe housing/accommodation which recognises the truth that persons using it will have a mental illness and drug and alcohol issues as a general rule. This is necessary to ensure that persons being discharged from the APUs are not automatically returned to environments which are unsafe and will not assist in recovery from mental health issues. It is unlikely the private sector will ever provide this type of accommodation. 2. Provision of the above in a compulsory manner to persons as required by Treating Teams on discharge from APUs. Some persons being discharged from APUs are incapable of living appropriately and protecting themselves from further psychological and physical harm. The private sector cannot provide this. 3. Co-ordination or Combination of Mental Health and Drug and Alcohol Treatment Services. In a large number of cases the two occur together and both must be treated simultaneously to be effective."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

The Government needs to start educating all politicians (and the public) about what a best in class Mental Health System looks like and will cost the Budget. A staged plan to achieve this result needs to be costed and then detailed to the parliament and the public.

Is there anything else you would like to share with the Royal Commission?

"I have a concern that the 6 monthly rotation of Registrars in the Area Mental Health Services is unsuitable from the point of view of the consumers of the service. This practice appears to be modeled on that in other areas of medicine as a tool to assist in the training of Medical Staff. Because Mental Health issues cannot be ""fixed"" in a short time frame like other Medical issues, consumers of the service are faced with a need to brief a new incoming Registrar every 6 months. This repetition of their case history to a new person every 6 months without any solution of their issues can lead to varying degrees of disillusionment and lack of respect for the System on the part of some consumers. I think a greater continuity of Treating Staff would benefit both the Staff and the Consumer.   I do not think that the role we have given GPs currently is sustainable. They usually have neither the time nor training to perform the roles I believe they should perform. I believe this is better done by Area Mental Health Services using a combination of Psychologists and Psychiatrists. I would reiterate that safe affordable accommodation should be made available for those persons who are mentally unwell and who require it either voluntarily or by way of compulsion on discharge from APUs or similar. I do not believe the private sector can or will provide this and it is unrealistic to expect them to do so. There are persons with mental illness who are incapable of living and improving in an unsupported manner (private market) and we must supply what is required. "