Royal Commission into Victoria's Mental Health System

Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system.

The 11 questions set out in the formal submission cover those themes. There is no word limit and you can contribute as many times as you like. Attachments are also accepted.

You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish.

To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further.

You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc.

These are the questions that you will be asked:

1. **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**
   - **Government leading by example** – Providing adequate funding so that mental illness is treated in the public services (e.g. Hospital emergency departments and wards) with the same level of seriousness, respect and care as physical illness.
   - **Changing the mindset and acceptable behaviour of medical professionals through compulsory education** – Medical professionals from GPs, nurses, emergency department registrars and consultants being made aware of and accountable for treating mentally ill patients, particularly those that are in crisis, with the same level of care, respect, attention and dignity as someone presenting with a physical illness, injury or disease would be treated.
   - **Awareness, education and behaviour change campaigns** - similar to the current "Respect Women" campaign - on television, radio and social media, using images, stories, scenarios (e.g. real-life examples of stigma and discrimination) and of people who have experienced or continue to experience mental illness from a wide cross-section of the community (i.e. culturally, economically, gender, age, professionally diverse) including well-known sportspeople, entertainers, medical professionals and politicians who have experienced stigma / discrimination (and the consequences) of both the discrimination and the illness itself. Other interactive options include visit to workplaces to share experiences of mental illness, including discrimination in the workplace.

2. **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?**

What is already working well to prevent mental illness and to support people to get early treatment and support

- **I honestly cannot think of anything that is currently working well in Melbourne** to prevent mental illness (other than education programs in some primary and secondary schools to build awareness and skills in resilience and mental wellbeing – which on their own do not prevent mental illness) and to support people to get early treatment and support – This is based on my own personal experience and hearing the stories of dozens of other people experiencing mental illness in Melbourne.

What can be done better to prevent mental illness and to support people to get early treatment and support

- **Significantly increase funding for early intervention, community mental health services and programs** (including initial assessment) – so that patients don't need to be extremely unwell, in crisis

and/or dead before they meet the criteria / threshold for support or to be categorised 'as in need of support'. We don't make cancer patients wait until they have reached 'Stage 4' of their illness before providing preventative and life-saving treatment.

- **Assessment and care decisions being based on patient needs rather than rationing and prioritisation of scare resources –** Patients being able to access and receive appropriate care and support for their mental illness – rather than needing to wait until they are at absolute crisis point before they become eligible or are considered 'sufficiently unwell' to receive this support, which by then is usually too late or inadequate for their deteriorating mental health needs.
- **Create a one-stop-shop website for information about mental health services –** Clear, simple and up to date information and contact details for the different types of support that are available, and links to the services available in different regions of Melbourne and across Victoria. It should encompass both government and not-for profit services and programs, as well as tips on what to do if you may be developing a mental illness.
- **Better GP training** - Despite the rise in the number of people experiencing mental illness, there are still many (and in my experience, most) GPs either do not wish to deal with cases of mental illness and/or do not have the skills to adequately respond (even with referrals to professional, community mental health and social support) – Simply giving patients a box of whichever medication the pharmaceutical representatives have provided to the GPs and telling the patient to go for a walk is not an adequate response to early requests for support from people developing mental illness.
- **Increase the number of subsidised psychological sessions available through mental health plans and/or increase the number of bulk-billing (qualified) psychologists available** – My understanding is that the recommended number of psychological sessions required to properly treat a mental health issue is 18-20 sessions. Patients can currently only access 10 Medicare-funded sessions (to a certain dollar amount) per calendar year under a Mental Health Plan. We don't currently limit cancer patients to 10 sessions of chemotherapy, or pregnant women with complex pregnancies to a certain number of obstetrics visits and then allow them to deteriorate with this sub-standard number of treatments. We (by default) cannot limit the number of times a mentally ill patient accesses the emergency department when they are in crisis, so why limit their access to early intervention / support services which are cheaper and prevent escalation of mental illness and cost on the health system.
- In addition to the human / moral factor, it does not make economic sense to restrict (let along make it virtually impossible) for people developing a mental illness to access appropriate levels of early intervention and support services. This approach only results in the economy (and therefore the government) paying a significantly higher price when that individual later requires greater and more intensive support due to a deterioration in their condition. By then, an individual may also may no longer be contributing to productivity by no longer being gainfully employed due to their decline in their mental health, and becoming a greater burden on the state and therefore fellow taxpayers. My personal experience accurately reflects the currently flawed approach to underfunding early intervention and support services, and as a result becoming a disproportionally higher burden on the economy than I would have been at the time I first sought support.

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

What is already working well to prevent suicide?

- **Lifeline –** The existence of this service is probably the sole service which is accessible, easy to find, serviced by people who are generally free of judgement and does not have an unbearable waiting list (more often than not anyway).

What can be done better to prevent suicide?

- **Everything else:**
  - **Better GP training and awareness of mental illness, suicidality and local mental health services and programs**. Knowing when to take mental illness seriously.
  - **Significantly increase funding (and making workers / facilities' caseloads manageable) at every level of mental health services** – Early intervention, community mental health, crisis and assessment teams, intensive outpatient services for people with complex needs, hospital

emergency departments, hospital beds for psychiatric patients – From my experience over several years, you literally have to be dead before you become eligible for any kind of meaningful support

- **Making it compulsory for all public and private hospitals to have a discharge plan in place for psychiatric patients (including follow up), especially those at high risk of suicide**, including but not limited to arranging an actual referral to other services and follow up contact – rather than leaving this onus on the person who is so unwell all they want to do is end their life.
- **More intensive support for patients who use outpatient and community mental health services,** as by their very nature, they have complex needs – One hour per fortnight for each patient is clearly insufficient. For someone who is suicidal, having to wait more than 300 hours for their next appointment is sometimes just too long.

4. 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.

What makes it hard for people to experience good mental health?

- Strict eligibility criteria and thresholds in order to access (or even to go on waiting lists) for any kind of mental health support – by the time you are considered 'unwell enough' for a service, you are then considered 'too unwell' for that particular service.
- Long waiting lists for any kind of mental health service or support
- Incompetence, ignorance, indifference, disrespect, abuse and disregard for people experiencing mental illness amongst some people within all areas of the medical profession (both mental health and non-mental health sectors), employers, government services and the community as a whole.
- Insufficient care, treatment and support for people with complex needs when it is finally accessed – manly due to funding levels and staff capabilities / competencies.
- A mental health system that is difficult to navigate for people who are mentally well, let alone for people are experiencing mental illness.
- Insurance companies making it very difficult, sometimes virtually impossible, to make a successful claim for income protection.
- Making it very difficult, sometimes impossible to access superannuation when too mentally unwell to work.
- Lack of social support services such as housing, meals, daily support even when in crisis – and virtually all of these services being tied to the possession of a Centrelink Health Care Card.

What can be done to improve this?

- Fix the above issues – with additional funding, education, accessibility and accountability etc.
- Involve people with lived experience of mental illness and their interactions with services (or attempts to access these services) – When designing services.
- More peer-support services and programs.

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

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

- I am unable to comment on this. My family has not been supportive of my mental illness and therefore not supportive of me, and I don't have a carer.

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

- **Minimum qualifications or equivalent experience** to work in psychiatric inpatient facilities.

- **Mandatory 'person-centred' and 'recovery-focused' training (initial and regular ongoing)** for all mental health nurses and allied health staff prior to commencing work in at least inpatient psychiatric facilities.
- **Changing the culture in some inpatient psychiatric facilities (from the top**) – So that person-centred care guides care of patients – replacing some cultures of disrespect, abuse, indifference and inflicting unnecessary pain and suffering on patients.
- **Providing support / debriefing / mentoring** to mental health works from peers and superiors, to develop capabilities, experience and reduce burnout and inappropriate care.
- **Adequate levels of funding so that public and not-for-profit mental health services can employ adequately trained and experienced staff** – The call centre within a former government employer pays its call centre staff more than a local community mental health service pays its case workers to manage a collection of severely mental health patients with complex needs (i.e. the few clients who actually qualify for this support).
- **Including patient interactions as part of performance reviews and supervision** in all mental health settings
- **Mandatory staff to patient ratios**, particularly in inpatient psychiatric facilities (both public and private).
- **Mandatory requirement that all inpatient psychiatric facilities have a peer support worker(s) on staff on equivalent to a full-time basis.**

8. **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?**
   - **Adequate discharge planning for patients leaving public and private inpatient facilities (along with adequate funding to support patients)**, including (where required):
     - Formal referrals (set up for the patient rather than relying on the severely mentally ill patient to initiate the process and try to identify appropriate support) to professional support, such as:
       - Psychiatric / psychological care
       - Housing services
       - Outpatient services
       - Outreach services
       - Practical support (e.g. meals, clothing)
       - Peer support
       - Supported employment opportunities (when appropriate)
   - **Making it possible / easier for people experiencing severe mental illness to access part of their superannuation** – to avoid their physical and mental health declining further through consequences such as homelessness, financial distress and bankruptcy.
   - **Increase the number of subsidised psychological sessions available through mental health plans and/or increase the number of bulk-billing (qualified) psychologists available**

9. **Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

   - **Allocation and commitment to ongoing allocation of adequate state and Federal funding in each aspect of the mental health system** – Early intervention, suicide prevention, community mental health and social support, suicide prevention, crisis services, emergency departments and inpatient services, follow up support (including appropriate accommodation) for people experiencing mental ill-health, including outpatient services for people with complex needs.
   - **Accountability of private inpatient psychiatric hospitals (and the mental health professionals that work within them)** for patient care, outcomes and discharge planning.

10. **What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?**

- **Immediate injection of funds in to every aspect of the mental health system in Victoria.**

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

Please refer to my separate attachment which outlines my insights from experiencing various aspects of the mental health system in Melbourne since 2013. In summary, virtually every aspect of the mental health system in Victoria (including both the public and private sector services) were at best, unhelpful and at worst, traumatising and detrimental, and my mental health deteriorated. Like so many others, I fell, and continue to fall through the cracks at each stage of a system designed to care for and treat some of the state's most vulnerable people. After more than four years of trying to seek appropriate support and treatment for escalating degrees of mental illness, I simply gave up trying in around mid-2017. Since then, I simply exist each.