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?
"More public health campaigns and education in schools to better inform the wider societyRe: mental illness, treatment, need for kindness, acceptance and flexibility in society generally and specifically in education and employment settings."

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?
"SOCIAL CHANGE aimed at providing not just education, but also employment and vocational training for young people at risk of mental illness.This might incorporate minimum quotas of jobs in each work place for people identified as being vulnerable to or experiencing mental illness.Increased access to recreational activities eg: sporting clubs, as well as art, craft, wood work, music etc. because socialization and developing a sense of competence in any area is helpful."

What is already working well and what can be done better to prevent suicide?
"Mostly services are working well.Better access to services for a wider group of people may help.Continuing or strengthening gun control.Suicide is always tragic, but factors contributing to it in individuals vary considerably.Zero tolerance or aiming for zero suicide is unrealistic. Planning in this area needs to be well informed by research. "

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.
"Changes in society over time which lead to greater uncertainity regarding stable employment prospects, accommodation, also work and/ or accommodation arrangements which lead to geographical isolation from family/ support networks.waiting times to see private psychiatrists could be decreased.Increased medicare rebates for GPs to see people for longer appointments to assist with mental health issues might be helpful."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Drivers: poverty, all types of social disadvantage.ADDRESS POVERTY : improve access to education (in a broad sense), employment, housing.(decrease access to poker machines, illicit drugs, and for young people decrease access to screen time)Consider mentoring (through sport/ recreation or prospective employers / industry) for young people in these areas."

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

"The stigma around mental illness is a real problem, it makes it harder for family and carers to obtain support, especially the usual informal supports from wider family and friends, as this might mean breeching confidentiality of the person suffering from mental illness. This is in stark contrast to physical illness eg; cancer, where family, friends, members of local community can rally and provide support.Where ever possible families and carers should be included in care, as a normal part of the treatment process. This is done well in the area of Older persons Mental health. The Victorian Mental Health Act needs to be amended to allow treating teams to work with families/ carers in a way that protects their confidentiality (from the patient). Sometime there is an issue of dangerousness, sometimes there is the risk that the patient will become estranged from family/ friends, due to the lack of this confidentiality. It is good psychiatric practice to work with families and carers and to obtain information from them that can help to inform the treatment. The current mental health act is an obstacle to good practice."

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

"Mental Health workers across all disciplines work in a difficult and often stressful area. They are confronted by profound human suffering. In the public system they are often obliged to treat patients involuntarily, including at the time of involuntary hospital admissions, or using restraint or giving injectable medications. Although workers understand the necessity for this, and carry out these duties under the Mental Health Act, it is never the less often very distressing for the workers. I think this is often overlooked. The entire tone of current Victorian Mental Health Act seems to presuppose that workers do not innately want to respect and protect patients rights. The tone of the legislation is traumatic for those working in the system. In addition the current system of the Mental Health Tribunals is often stressful and traumatic for staff. This does vary, some MHT chair persons are respectful towards staff others are quite patronizing. With resect to the tribunals their role is to interpret the Mental Health Act. Unfortunately there are major flaws in the current Mental Health Act (particularly around ECT, Also around their KPIs, eg; minimizing durations of CTOs). The Board of course has no ongoing responsibility for the patients treatment, care, well being. The flaws in the Act mean that treating teams, ie; mental health care workers are often left in invidious situations where they are not able to provide best clinical care to very sick patients or where they are unable to protect family/ carers confidentiality.Those at the coal face, particularly nurses might benefit from more opportunities to participate in reflective groups. Eg; psychodynamic reflective groups in inpatient settings.The current focus in health care more broadly, aimed at increasing resilience is not based in sound evidence. It is a band aide, which neglects the underlying problem of how stressful hospitals are. The corporatization of healthcare and the proliferation of bureaucracy, in the wider social context of many organizations becoming increasingly risk averse, has aggravated this problem. Minimizing meaningless work activities reduces stress experienced by Mental Health Care workers, eg: excessive forms, protocols etc as well as avoiding ""one size fits all "" workplace education.Clinical discussions as a part of ongoing education within the work place and the provision of experienced psychiatrists or psychologists to facilitate such discussions can be very helpful for staff and improve morale.Staff safety needs to be a priority, both in hospitals and in the community. Currently staff are not infrequently assaulted, sometimes seriously. Security and CTV etc needs to be increased. In this context zero restraint policies are not realistic. It is understandable that they are felt to be desirable, but those advocating them should be obliged to spend time at the ""coal face"". If you can't keep staff you won't be able to attract the best staff.If the Mental Health Services improve and their reputations improve this will help with attracting and retaining high quality staff.Good management is important. Some Hospitals/ Mental health services have poor quality clinical leadership at top levels. This includes

varying degrees of micromanagement and bullying. Not surprisingly this has a very negative impact on services and is ultimately bad consumers.Some hospitals also have poor quality non-clinical managers, including at high levels, Such people are unable to identify and deal with bullies and are also unable to effectively support clinical staff.(This problem comes about because hospitals are very hierarchical institutions and staff are often promoted due to ""nepotism "" or because they have been in the service for a long time, rather than being promoted because they are capable. There are some excellent hospital managers at all levels, but at higher levels there are often those who have been promoted above their level of competence. This in turn tends to make such individuals anxious and sometimes slightly paranoid, which in tern leads to micromanagement, a punitive management styles, and at worst bullying. This is exacerbated by the wider context of a society that is risk averse.)"

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?

"I think there need to be large scale advertising campaigns and ambassadors etc to decrease stigma. I also think that legislation to force the development and provision of jobs for people with mental illness or at risk of mental illness (eg : young people with Autistic spectrum disorder, or schizophrenia, or generalized anxiety disorder) is urgently needed. Substantial part time jobs are necessary as are some routine well supervised jobs that are not too stressful. Many such jobs have disappeared with increasing technology and the never ending drive to decrease costs to business. As a society we cannot afford to loose those jobs. So we have to find some way to recreate them."

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?

"The mental Health Act Needs urgent revision, especially around ECT also around confidentiality for family carers.With respect to inpatient unit the current "" One size Fits All "" model should be abandoned. As this model excludes some patients entirely and provides an undignified stigmatizing setting for others.Paradoxically prior to mainstreaming a much wider range of inpatient units were available, both within psychiatric hospitals and with wards providing a service to voluntary patients in general hospitals. (The UK system does provide a greater range of inpatient units.)Greater access to Day programs would be helpful for many patients.Improving services requires increased funding.With respect to Eating Disorder Units more uniformity around admission criteria, use of the mental health act, treatment strategies etc would be helpful. I would suggest looking at services in WA and QLD.With respect to Mother Baby Units, it would be helpful to review their usefulness and admission criteria. Do they in fact provide a service to those women who most need them ie: diagnosis of postpartum psychosis. Could Day programs provide a more effective model of treatment for other diagnostic groups eg depression in women with prominent Borderline personality traits?With respect to the elderly a greater range of Aged Care Facilities and day programs would be helpful (eg better accommodating LGBTQI individuals, and provision for people entering ACF to take their Pets with them. (That might necessitate changes in design and use of animal behaviouralists)"

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

"The whole of society needs to take responsibility for Mental Health. The mental Health Care /

Psychiatric system is only part of the equation. Funding and legislation to improve social inclusion is essential.Step out side the square and redesign the system. This involves asking what would I want for myself or my family member / loved one? And then committing the funding to achieve that end.Don't scapegoat Mental Health care workers.Do rewrite the Mental Health Act and Legislate for research regarding outcomes of MHT decisions. It seems negligent to introduce a new MHA and then not look at clinical outcomes. The current KPIs for the MHT are meaningless in terms of the well being of people with mental illness.eg:If someone is refused ECT what happens to that individual? Do the die? is their suffering prolonged? Do they make a partial recovery rather than a full recovery?If someone does not have their (C)TO extended what is the outcome for that individual? Does that have a negative impact on their relationships? housing? Does it lead to early relapse, readmission? (great for the KPIs, not so good for the person)Or is it usually a positive outcome? You could not run a successful business like this! We have a poor quality mental health act that is delivering worse outcomes to people with mental illness that the previous mental health Act, combined with no systematic assessment of its impact. "

Is there anything else you would like to share with the Royal Commission?
"Small services probably work better in terms of staff Morale, and communication.There is some dead wood in the system, eg unnecessary management positions in very small parts of services. "" small"" managers should carry substantial clinical loads, because otherwise they are a waste of precious resources."