Individual Submission to the Royal Commission into Victoria's Mental Health System

[redacted]

I have a long history as a carer for family members with a mental illness and depression.

Since 2014, we have been carers for a family member who has a dual diagnosis of a mental illness and alcohol and substance abuse (AOD).

My experience has been one of frustration at trying to navigate Victoria's overburdened and 'broken' mental health system.

During the time I have been caring for my family member, they have had five admissions within 4 years through the Hospital's emergency department and psychiatric inpatient unit.

In 2014 the family member saw a psychiatrist once during admission, but there was no early intervention, or treatment plans put in place. The family member was discharged and was referred for 4 weeks of AOD counselling but this was not mandatory.

In 2016 the family member had another admission. In 2017 the family member was admitted to the same psychiatric inpatient unit twice, just two weeks apart due to a relapse and therefore discharged too early.

In 2018, after receiving limited intervention, family member's behaviour escalated to the point where we had to call the police after substance abuse and psychosis lead to a serious family violence incident. There was no mental health crisis unit available to attend. The police officers followed, as the family member was transported to the Hospital emergency department where they waited for more than 4 hours in a highly agitated and anxious state, experiencing a manic phase of psychosis. This was extremely stressful as there were other people and children in the ED.

Ultimately, the family member was sent home because there were no beds available. This put the family member and other carers at risk. The manic phase of psychosis continued the following day with a second family violence assault.

Police, ambulance and psych team members from the hospital attended. They assessed the family members mental health and history and admitted to the psych inpatient unit. If the first incident was handled correctly and there was a bed available – then no further family violence, harm and stress would have occurred.

So the system failed.

Throughout these experiences of caring for my family member, I have become aware of several problematic areas of Victoria's public mental health system:

Psychiatric inpatient units:

- Not enough beds made available for psychiatric emergencies
- There is no mental health advocate to explain how to navigate the system when we first came into the psychiatric inpatient unit.
- Shortage of staff
- There was no psychologist or ongoing counselling available during inpatient stays
- It is extremely difficult to make a time with treating team (including the psychiatrist and social worker). No time available as they're extremely busy with other patients or on the ward for a limited time. They did not return calls – due to lack of availability and time.

- If psychiatrist team were visiting the ward, their visitations were not communicated to family members, so they could be part of their ongoing care or to advocate for them. This proved to be very difficult as you relied on the family member to relay information given who often was not in a good mental state to make decisions for themselves or to relay correct information.
- There are therapeutic programs or activities to support recovery in the units. Patients just walk around heavily sedated.
- The family member was referred to AOD services, but no paperwork was sent by the hospital social worker to the relevant service. Thus, the family carer was left to follow up with the treatment.
- **Security/ Safety:** There were several lock downs and code blacks situations during visiting hours. The family member and myself were locked into a room, for our own safety until the lockdown was cleared.
- Lack of security staff

Discharge process:

- **Supported transitional wellness centres** for people to gradually transition from the hospital inpatient unit to have access to ongoing professional treatment and supports with mental health care professionals: psychiatrists, psychologists, counselling, peer support workers and mindfulness. Then move onto to community based support.
- Often the family member is sent home with no treatment plan but to follow up the with community treatment team.
- There are no facilities or supports in place after you leave inpatient care in the Latrobe Valley area.
- We must access support in Melbourne which is several hours away and have lengthy waiting periods.

Community Mental Health Services

Navigating once out of hospital to avoid relapses is the hard part:

- There are not enough community supports, services and staff to meet the needs of patients in regional country Victoria. More funding is needed in this area.
- Hospitals discharge to community mental health but they do not always follow up.
- There is not enough access to psychiatrists – appointments are using monthly or every 2 months
- The wait time for such appointments can take weeks, sometimes months which leads to crisis situations and relapse situations.
- No rehabilitation and supervised facilities to support AOD recovery available in our area. Most often, need to be referred to Melbourne to get treatment.

GP's:

- GP's are the first point of call in mental illness for all families but they do not know the system. Families rely on GP's to provide them with information and how to access services in the community.
- **Mental Health Care plans** – more complex cases need proper case management with a team approach.
- The turnover of GP's in Latrobe Valley regional area is an ongoing problem. You may find a good GP, establish a good relationship and who understands, but they are only there for short terms periods before they leave and move again. Then you start the process all over again.
- Some GP's have been unable to support us to navigate the system because they are not aware of the Agencies and services available and to make appropriate referrals.
- GP's in country regional areas need to make more connections with larger hospitals to provide teleconferencing with psychiatrist and psychologists as part of the treatment plan.

Psychologists:

- Going to the GP to get a maximum of **10 psychology sessions a year** is **not enough** for someone with complex mental illness and dual diagnosis. **This funding needs to be extended as its not adequate.**
- **Waiting time between psychologist visits:** Once you receive a referral, there are long waiting lists of more than 6 weeks to get the first appointment.
- Psychologists are not taking on any new clients and delays between appointments which mean people cannot access **regular psychological support.**
- It is very rare in the country/rural areas to have a psychologist in a GP clinic. If they do employ them, they are most likely allocated one day per week for consultations. Some psychologist are not taking new patients, so the waiting periods can be several weeks or months.

Service navigation:

For families, navigating the mental health system and finding the right care at the right time can be difficult and frustrating.

- Family and carers only find services by word of mouth from others living the same situation.
- **ACSO** (You're not alone program) for families and carers was a fantastic program but only accessed two years ago – I didn't know it existed.

Intersecting systems:

- The carer, is usually the middle person between all the intersecting services. As a carer you end up case managing your own family member to the best of your abilities and it becomes you (unpaid) job to follow up appointments, take medications and make sure services are coordinating their treatment approach.
- There are many **individual** organisations but we need to build a more collaborative team approach in **bringing all of these services under 'one roof'** to share information, coordinate services and communicate with health professionals.

Court system:

Diversionary programs like ARC exist, but are not always available or offered and this process is not explained to families and carers when you enter the court system.

As a carer and a concerned family member I put the following recommendations to the Royal Commission:

- We need **separate psychiatric emergency departments** available in public hospitals, with timely access to psychiatrists, psychologists, mental health care nurses and peer support workers.
- Ensure **short term stays** so that mental health patients have the time to be properly assessed and treated. Rather than be sent home with no assessment. Currently inpatient wards have an average stay of 10 days which is not enough when you consider commonly prescribed medications take between 2-4 weeks to take effect!
- **Longer stays for people with significant mental health history** or who are high-risk to ensure access to proper and effective treatment.
- **Supported transitional wellness centres like they have for cancer patients -** for people to gradually transition from the hospital inpatient unit to have access to ongoing professional treatment with mental health care professionals: psychiatrists, psychologists, counselling, peer support workers and mindfulness. Then move onto to community based support.

- **Better education for GP's** in what community services are available, appropriate referrals and knowledge of alternative options such as online psychologist or counselling
- A maximum of **10 psychology sessions a year** is not enough for someone with complex mental illness This needs to be extended further.
- GP clinics should have employed **mental health care trained nurses and psychologists**.

- **Increased psycho-education within the broader community** to reduce the **stigma** associated with the complex mental health, mental illnesses and AOD.
- People need to understand it is not a criminal issue but a health issue in the community.
- **Centralised collaborative regional services** are needed to support people with complex and multiple diagnoses in the community. There are many **individual** organisations but we need to build a more collaborative team approach in **bringing all of these services under 'one roof'** to share information, coordinate services and communicate with health professionals.
- **Families need education and support** in order to understand what family members are experiencing and how to best support them. This should happen when you first come into contact with the mental health system or from the GP.
- Having respite and support services for families, like there are for other disabilities would really help.
- **Mental Health first aid in the workplace and in secondary schools.**
- **More Funding – equitable funding to mental health and research and providing more services so we can fix the 'broken' system in the future.**