Submission to Victorian Royal Commission into mental health;

I have worked in the Victorian public mental health system in the suburbs of Melbourne for 10 years.

I am 35 year old male who has had a good career and for the most part I have really enjoyed my work. I have mostly got on really well with both managers and staff on the ground. I have been physically assaulted a number of times, but have not sustained any serious injuries.

I have observed the following 2 serious problems throughout my career.

Problem 1:

This is the big one, upper management structures regularly do not act in the best interests of clients.

The evidence for this is obvious for any 'point of care' public mental health staff. That is, management put staff where they are ***not most needed*** (in education, think tanks, special projects – these are often talented staff) at the expense of point of care services.

This makes zero sense, and is not in the consumers best interests because;

● Consumers need help now, not in 1,2,5 years time.

● The front line staff of public mental health services are constantly under pressure and strain – just to keep up, and try and leave work unscathed and on time.

● There would be an immediate economic benefits if staff on the front line is increased in the form of reduced sick leave, staff retention, and reduced work cover claims.

● Consumers notice when front line staff are stressed, as staff get more anxious and agitated, consumers get more anxious and agitated.

● Managers force staff to spend a perverse amount of time assessing for risk, engaging clients surrounding risk and documenting risk. There is recent evidence that suggests risk assessment actually achieves very little; all this time could be spent building the consumer up, via something that seems like a notion of the past, a therapeutic relationship.

Problem 2:

Immense pressure is heaped on clinicians in inpatient unit's not to seclude and medicate violent and / or very unwell consumers needing treatment. Combine with some inpatient units having strict targets for a minimum number of discharges per day and consumers simply are not getting the assertive treatment that's sometimes required.

● A number of years ago seclusion reduction projects were rolled out across Melbourne. Currently, you would struggle to find a mental health nurse in Melbourne who thinks seclusion is a desirable intervention.

● Rather than try to reduce seclusion rates starting at 20, 30, 40 or 50% to start with. Some managers made it their business to reduce rates to close to zero in a very short space of time. This has made inpatient units very unsafe and very scary. This, combined with unsupportive

management structures has seen much of the desperately needed talent flee for the exits (out of inpatient units into the community teams or other jobs).

● Doctors and nurses alike now have a fear of actually treating people with medication when they most need it (in acute hospital settings). Patients are left to drift untreated, and are discharged before they are well (or even half way there).