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

SUB. 0002.0028.0174

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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
"Access to services when required is confusing and difficult. When you are unwell you go to the GP and the GP can navigate your health requirements for you and with you. When you have a mental health issue particularly if it is complicated by substance use, poverty, and early childhood trauma and neglect, no one seems to want to catch you, support you and take accountability for a health outcome. You are triaged by a stranger and put on a conveyor belt of add-on impersonal services eg.Psychiatrist, Mental Health nurse, care coordinator Social worker, Drug and alcohol counselor, psychologist for limited number of sessions, CATT for brief crisis management, online/ cyber CBT and psychoeducation, corrections worker, intensive housing worker, employment trainer, centrelink worker, financial counselor, legal aid etc. And it is humiliating and demoralising telling your story over and over again, particularly the early childhood stuff and the inability to function independently now as an adult to so many people , who quite frankly treat you as a KPI and would seem genuinely happy if you didn't turn up. My recommendation is that you as a consumer get to choose a long term support worker , that you can see during difficult times, not see when you are doing well, and return to with minimum of difficulty when life gets hard. Get rid of people choosing strangers who are unvetted for you. Reduce stigma by making mental health wellbeing a priority. Currently our society punishes the sufferer and has institutionalized that discrimination . We commit tens of thousands of people to New Start (below poverty line), have made it impossible for these people to find affordable housing, made it impossible to get a Disability Support Pension(even if they have a Psychiatrists report that indicates they meet the table guidelines because of their mental health condition), made the problem intergenerational and have filled our gaols with recidivists who had clearly identified mental health problems in childhood and a clear indication they would need life long support."

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?
"Working Well: There are a few competent caring individuals out there who truly want to be working in mental health and who have a knack of providing safe haven in a no fuss way. They have weathered many treatment models post National Mental Health Review Commission Report [redacted] and stuck at it even when there wages were frozen for 10 years (MHNIP sole practitioners)
Improvements : If you are in crisis , feeling unsafe, ""hit rock bottom"", overwhelmed or scared. Make it easy to get help. At the moment people are turned away because they are not suicidal or ""unwell enough"", or because they use substances. 40 % percent of methamphetamine users will experience a psychosis and that can be terrifying for the individual , their family or for the public in general; immediate help needs to be available that is competent and caring, and useful (hospitals are not a great place for this presentation but some sort of secure comfortable low stimulus environment is absolutely essential (Dr [redacted] recommends for 6 weeks).
Support the cohort of committed GPs with expertise in Mental Health and Substance Misuse and

give them the expert nursing clinicians they need to function efficiently. The PHNs know who these Drs are and they have removed their MHNIP nurses workforce and replaced it with ineffective offsite referrals.And the individuals they refer just get lost in the system.Competent onsite care helps mentally unwell individuals feel safe, work through the crisis, come up with a safety plan and prevent the need for hospitalisation, CATT,ambulance transfers, police etc. "

What is already working well and what can be done better to prevent suicide?
"Very little is working well. I have worked as a locum in community mental health and sat in an office with 50 professional therapists specialising in complex mental health, substance misuse, family violence, Mens' Behavioural Change programs, and early childhood interventions, and I have estimated how much it costs to employ these 50 individuals and I have watched and counted , day after day, how many clients actually present at these off site places; 3 on a good day. And then I calculate how much per hour it costs to service these three people, and I want to cry. Surely the therapists can't be happy not having work to do when we know how dire life is for some people. And how do they justify this ;"" I can only see people in their homes"" (in my view inefficient , and certainly not therapeutic in the long run) or blame the client ("" they just didn't turn up"", whilst same therapists haven't made any effort to engage through flexible work practices, repeated friendly phone calls and gentle text appointment reminders. Prevent suicide by allowing supportive clinician relationships to develop in much the same way a GP has a longitudinal relationship with a client."

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.
"Poverty - New Start entrenches poor mental health outcomes and makes it an intergenerational problem. Confusing names for services-Star , EACH, NEAMI, PHaMs, First Step, Connection, Reconnection, Leap, API and the list goes on. How is anyone , referring GP or public user meant to navigate such a confusing list of services. I believe we should have a central data base with a list of clinicians of all disciplines and qualifications and how they get paid, and you put into search engine your current problems eg in crisis, relationship breakdown, childhood trauma , homeless, ice use; and a list of clinicians with expertise in these areas pops up and you can choose who you think you would benefit from seeing . There should also be a way clients can leave a public evaluation of their experiences. Lack of affordable housing. It is very much a George Orwellian nightmare . Individuals with complex mental health conditions spend there days trying to find a bed, escaping overcrowded boarding houses where drug use makes them feel unsafe, and going from one NGO to the next getting meals, food vouchers, food parcels, utilitiy vouchers, myki cards. It is no way to live. And invariably falling foul of the law and making mental illness a criminal justice issue. Is it any wonder there life expectancy is reduced."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Inequity and lack of hope. The ability to live on centrelink payments has been significantly reduced over the last 20 years and the more difficult life has become the more alluring drugs like ice has become (because regardless of how bad life ice is for a short time a very effective antidepressant).

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

them?
"Family members need competent support and education. They need to know what they are doing is tough and they are not alone. Again like the GP relationship, family members need to be able to check in with a familiar and reliable clinician, who knows whats available and can help get things done."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Most workers have worked in an environment of insecurity eg. short term contracts, limited tenure, while the government has tried to sort out ""step up, step down , wraparound care"" conveyor belt models of service. Workers need extensive education and support to manage crises effectively, and to provide a service that is relevant to a huge variety of presentations. Clinicians need to become ""master healers"" rather than inefficient onward referrers. The cost cutting strategy of employing non treatment qualified Social workers and certificate 3 drug and alcohol workers has to be reassessed. Renumeration needs to justly compensate expertise and qualifications ."

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?
"You can't improve your economic or social participation if you don't have affordable, secure housing and adequate nutritional food."

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?
"Make available immediate access to services when an individual is in crisis, and don't make the bar so high people have to act out to get help.Let's think of a crisis ,as inevitable as getting a severe cold and not a life long label. Seamless communication and cooperation between police, centrelink, legal aid, DHHS to get individuals the help they need and prevent escalation. Also to identify individuals like [redacted] who need life long monitoring and interventions. At the moment we have individuals who have committed violent acts against the public whilst in a drug induced psychosis, who are released from gaol without followup, and when they come to the attention of mental health clinicians there is very limited help to prevent a further catastrophe. And they are released without accommodation! I believe if we had an efficient mental health system we could prevent a lot of the violence occurring in our communities eg. family violence, youth violence, impulse control and oppositional defiance disorder in children, drug related violence; but it takes an investment in violence interrupters (WHO) and effective long term support"

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Long term planning: the current commissioning environment creates insecurity in organisations, it's destabilising for the public, confusing for referrers and encourages poor quality recruitment (because anyone will do) ."

Is there anything else you would like to share with the Royal Commission?
"Stop using the gaols as mental health holding pens. We have enough science to ensure early detection and effective interventions, and when we stop providing poor treatment options we will

reduce stigma because functional happy people will talk about their mental health crisis or long term condition that required consistent behind the scenes interventions."