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 documentary type TV shows such as the one shown on the ABC that was filmed inside the state based inpatient mental health ward in Sydney. People outside the mental health system have NO idea what 'treatment' looks like, what are the challenges for staff to help people, particularly at the severe or psychotic end of the spectrum. More TV ads featuring real people talking about different specific conditions. The term 'depression' has now entered the public vocabulary but people think it just refers to a transient mood state - like feeling miserable. The same with the term 'anxiety'. Of course it is always helpful if high profile people who have experienced a specific mental illness step forward and speak to the public about their experiences. "

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?
"I believe there are a lot of good school based whole of school interventions that get the school community talking about mental health issues and disorders. The Better Outcomes in Mental Health initiative funded by the federal government and administered via the primary care sector is also a great initiative. However, I have worked under this program via the old Medicare Local framework. And it is the case that many people these days, particularly younger people do not have a dedicated GP: it is quite common for people to belong to a PRACTICE of GPs, not a specific GP that takes an interest in them. So having to get a mental health care plan can be confronting for these people. Preventing mental illness requires a whole of population approach focusing much greater than just the health or education sectors: it requires community engagement, and public health interventions."

What is already working well and what can be done better to prevent suicide?
"More video conferencing programs that allow suicidal people to connect with therapists using technology. At present, psychologists for example, have to consider privacy issues when using technology such as Skype which may not be secure. However it is completely logical for people to connect with their therapist via technology since no form of physical contact is usually part of therapeutic work with people. Also state based inpatient mental health units are horrible: women should NOT be co-located with men in these facilities, especially now given the rates of ice/methamphetamine use that can lead to violent or harrassing behaviour by men towards women. Preventing suicide requires a whole of society response but especially giving people a sense of community and belonging."

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.

"Only offering centre-based appointments or face to face home visits by mental health workers, seems a very outdated way of providing mental health support and treatment to people in the community across the whole spectrum of mild, moderate, severe levels of disorder. Community mental health and primary care mental health services should use technology more and the government should devise a way so that this mode of service provision is not subject to false billing. Especially given how geographically large Australia is. The more impaired a person is, with a mental health disorder, the more difficult it is for them to attend centre based appointments, leading to higher levels of non-attendance. There should be more mental health nurses in GP practices who people are able to book appointments with. "

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

"Socio-economic deprivation. In what other area of medicine is there such a close relationship between having a severe mental health illness and living in poverty/on benefits. Such a relationship doesn't exist amongst oncology patients or cardiac patients and so forth. Severe mental disorders are unique in impacting people when they are young, before they have established their own family or a profession. Hence this population of medial patients is uniquely disadvantaged. This relationship between poverty and mental health disorders needs to be factored into the design of community based mental health services. I believe in New Zealand, for example, that psychiatrists do not get the privilege of claiming for private billing, unless they are ALSO working in the public mental health system as a psychiatrist where they are seeing the MOST unwell patients for free. This model should be adopted in Australia and it should include clinical psychologists as well. Also I think de-institutionalisation went too far in Australia and now many people with treatment resistant schizophrenia or treatment resistant bipolar, are now living on the streets or are in jail. We need more public housing across the board. We need a huge boost to inpatient drug and alcohol services. Given the huge overlap with mental health conditions. "

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

"Adult mental health workers don't engage with consumer's families except when the health service wants to discharge an adult patient from an inpatient unit. THEN the family suddenly becomes all important. Otherwise health professionals seem to treat the families of mental health patients as obstacles (here I am thinking of the state based community mental health services). Again innovative use of technology should be the first way of connecting with and maintaining connection with families who may be working, caring for children or other family members. "

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

"Perhaps fifty years ago, 100 years ago, religious people such as priests and nuns were the only people in society to care for the mentally ill. These religious people sustained themselves in doing this very very difficult and emotionally challenging work through their faith, perhaps their meta-physical beliefs about their patients going to heaven after death. Now, religion has faded from front line work in the health care sector and instead people train to provide mental health care. However working with the mentally unwell is extremely draining, very emotionally demanding and not enough is done by the various health departments to care for the STAFF themselves and acknowledge the unique difficulties in caring for the mentally ill. For example, I trained for six years

to be a clinical psychologist including specialist training in child and adolescent mental health. Then I worked for many years in state based community mental health services. Across all my roles in this sector, I was NOT permitted to work part-time, because part-time work did not fit the model of care that was deemed necessary for the most severe and unwell. Hence I eventually burnt out and left the profession entirely. I have no intention of EVER returning to the public mental health system and I am reluctant to work within the primary care Better Outcomes model because of the ethical dilemma of only being able to see a person for maximum 10 sessions. How does a ten session model fit with bringing about meaningful change in someone with a moderate to severe mental illness? Also it doesn't make sense that psychologists as government regulated health professionals are not allowed to use skype and other technologies for treatment sessions. Yet counsellors, who are not government regulated, can do whatever they like? In addition, my comprehensive training as a clinical psychologist which included measuring treatment outcomes, evaluating programs was completely wasted within the roles available to me in the public mental health system. I think that everything has become TOO inflexible in service delivery across the board in relation to mental health services. We need to try different models of engagement, like headspace, different modes of support (e.g using video apps on mobile phones) and so forth. Allow different programs for different psycho-economic communities. Why does everything have to be the SAME? Definitely need peer support workers in the field. But also why do we not have volunteers from the public allowed to have roles in different mental health programs? I think there are some VERY HIGHLY paid professionals in the mental health workforce, who actually add little value. One of these people could be traded for 5 peer support workers perhaps! The fourth highest paid profession in Australia is psychiatry - out of ALL professions that exist."

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?
N/A

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?
"Dedicated mental health services for women. Separate inpatient facilities for women. People living with the big five disorders - schizophrenia, bipolar, obsessive compulsive disorder, anorexia and melancholy - should get a specific package of services or sessions each year according to their diagnosis. If clinical psychologists and psychiatrists are going to be allowed to provide private services, they should be seeing a clinical population of patients, not the 'wealthy well'. Here I am thinking of why there are so many psychologists/psychiatrists in Hawthorn Victoria and virtually NONE out in the Western suburbs of Melbourne? Perhaps mental health clinicians should be given medicare billing rights depending on how over or under populated an area is, in which they are working. Community mental health services should open later than 5pm, as family members may be working to SUPPORT the person with a mental illness. Again the system needs to be come more flexible. Totally abolish those stupid job seeker agencies that are a complete waste of money and instead allow young people to complete skill based concerns in self-care around their mental health, programs to improve their social skills, more day programs for young people. Just across the board mental health for the severe end needs more of everything - units, centres, staff and a greater range of staff."

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?
"I believe the federal government wants to move towards a generic mental health worker model and move away from separate, specific disciplines (such as psychologists, clinical social workers). I am not sure how that impacts on what Victoria decides to do. "

Is there anything else you would like to share with the Royal Commission?
"My grandmother had a severe form of depression and spent much of her life in and out of mental health wards and institutions. It had an intergenerational impact on my family. I am not sure anything could have been done differently. But it probably certainly helped my parents at times, that my grandmother could stay in the public mental health ward for 7 months, 9 months at a time. Which is inconceivable now. But the impact of a severe mental illness on family members and the family's earning capacity seems never to be thought about these days. It needs to be considered. And of course the overlap with drug/alcohol services needs to be considered and a huge boost to these are needed also."