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

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Name

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"I think when high profile people disclose their lived experience, the community takes notice.   Im sick of all the advertising and fund raising that RU OK days, Beyond Blue and others do, as these organisations or campaigns might remind people about mental illness, but only briefly. The general community dont really relate it to themselves. People and or their families sharing whats worked for them (and how to get help on the ground) via media (TV) might be more helpful. Real people - families have so much experience they will do this. Young males in rural area's need a different approach, they need local people with local targeted approaches via outreach or mobile vans or schools, and helplines plastered all over pubs and local shops."

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?

"Not much is working well. Some GP's are NOT 'scared' of mental illness and they will prescribe medications but are limited with what they can prescribe? GP's need more access to consultation with Psychiatrists in general and in rural and remote areas via Video Conference (which does happen a bit now).   Our current model of; expecting people who are depressed, delusional, or suicidal to make an appointment (after they ring triage lines), get dressed, find transport or money to get to CMH (community Mental Heath), then understand what to do next, is so unrealistic. NO wonder people have to be completely mad before they are then picked up by the Police or ambulance!   Families and carers need response and they need to be included in treatment processes. I know there is policy regarding 'family sensitive practice' but it is ignored if the team leaders dont believe it. This policy needs be enforced by Area Directors at the top of the mental health food chain. I've worked in Psych units where the nurses dont want to talk to carers and avoid them, yet will ring them and insist they pick up the patient when they are being discharged - so carers are good enough to pick up the pieces and live with the mental illness but not good enough to be included and heard.   Our local mental health service is full of nurses who are the general case managers. Nurses come from a medical model and do not understand therapies, recovery models, community services, and what NDIS can do. Nurses understand how to get a person in front of a psychiatrist (eventually) and get them medication. They they will flick them back to the GP. Medical treatment models are outdated and ridged.   If a person is feeling unwell, why is it so hard to pick up the phone and get someone (not just Police and ambulance) to come to the house to do an assessment. Very few people with mental illness are dangerous, this is the stigma that prevents a new model of outreach occurring. Too many nurses in the community mental health system wont work that way and use their 'Nurses Union' to put up barriers around outreach work. We need more social workers or welfare workers or similar, who work from a early intervention and recovery perspective, are not so clinical and will look at the person in a holistic manner and in the context of their carers views. Psychiatrists are still resistant to working with carers as they are very 'patient focused' which is there training. They are only expected to have

brief contact with family and carer staff in their registrar training. They need more intensive training in 'family sensitive practice' in mental health. When will we REALLY put in strong policy around listening to family and carers about risk and relapse. When a person is unwell and psychotic (like my mother) they will not seek help, and cannot recognise they are unwell.   I spent 8 years (left about 4 years ago) as the Family and Carer Consultant at Community Mental Health in ███████ ████████████ trying to educate staff including Psychiatrists and case managers. Some mental health services had good inclusive practices but mostly there was a lack of accountability, training and practice models that staff and doctors have to adhere to, regarding working with families and carers. Family and carers make up the majority of formal and HCCC complainants. "

What is already working well and what can be done better to prevent suicide?

"What works well... I work in ████████ and we have a service called █████ Retreat which is a short stay recovery unit. This house provides a good alternative to hospital however there a few services like this and referrals have to go through community mental health. There needs to be more of this type of 'wellness unit', with shorter assessment processes. ████████████ has more similar options (and ████████████ Health has same or more population combined), this recovery unit even has a day program where consumers can still go to their work and stay in the unit overnight ... however this services is still on hospital grounds. What could be better... OUTREACH options for those who wont attend a service or hospital. Experienced triage workers who can do home visits especially for angry risky teenagers who wont seek help. Also families should not have to wait until a mentally unwell person 'speaks' to a triage worker on the phone or gives consent before getting a response. If the family or carer can live with the unwell person then why cant workers come to the home?   Mental Health staff only attend a home (and often with Police) when someone is seen as a 'risk to themselves or someone else' ...that is not preventative or early intervention.   If a person is feeling suicidal, families need to be listened too. Very few people with mental illness are dangerous, this is the stigma that prevents a new model of outreach occurring. Too many nurses in the community mental health system use their 'Nurses Union' to put up barriers around outreach work. We need more social workers or welfare workers or similar, who work from a early intervention and recovery perspective, are not so clinical and will look at the person in a holistic manner and in the context of their carers views. We need more out reach and assessment and followup at home.   Psychiatrists are necessary and can be wonderful but at times they also need to get out of their comfort chairs and go on home visits if a person will not attend. Why should unwell people always have to be forced to hospital with Police and ambulance when a medication can be started at home. People might pick up the phone for help if they know someone caring will attend without sirens and men in uniform. I understand emergency responses are at times still required. "

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.

"Support in a persons home! More access to support workers, NDIS workers, who can visit a person daily if needed to assist with living skills, job seeking, appointment's, shopping, social connections or whatever is needed.   This includes older people who might have Aged care staff however these staff are not experienced in mental health and do not always understand the associated behaviors. Older people with mental illness need more specialist outreach workers. Young people need outreach that can be a circuit breaker at home - that can take them out for a cuppa or fishing or a smoke,whatever... HEADSPACE does NOT do outreach and does NOT do

risk. IF a young person is risky then HEADSPACE usually refers back to the public mental health system, so this service is mostly providing counselling for youth ?... Not seeing young people who are isolated at home. "

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

"The culture of mental health services towards borderline personality disorder and drug induced mental illness is terrible - particularly in ███████████. ███████████ has a large amount of x nurses and staff from the old institution ██████████' which was in this area. This has resulted in a glut of old culture and one that resists new education and changing perspective in general particularly illnesses such as BPD. People with BPD are often refused a short admission and case management seems to be avoided. There also seems to be a lack of training for other services across the board in the community - everyone gets scared of mental illness which adds to lack of services for people. Mental health dont do education in the community? There are no ""modified DBT groups"" for those who have a mild, low average intellectual disability and DBT groups in general? No rehab where clients with D&A or duel diagnosis can attend. No aged mental health facilities for older people to go to for mental health recovery, admission. No youth specific facilities where youth can go - No alternate accommodation models except one. No out reach programs where farm kids can be seen at home. We only have one model of response which is the same old, same old system with the same old mental health staff who then - pass onto any new staff the same ""patient blaming' culture. "

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

"Please also see above.   Im caring for my ageing mum - 86 yrs and now in a nursing home. She has been on anti psychotic medication since she was 40 yrs old. I've been struggling to get a medication review for her psychosis over the last 6 mths. We have had a private psychiatrist for about 6 years, due to the public MH system not responding or not providing any options of who to see.   Now due to her ageing issues mum's private psychiatrist has felt less able to manage her complex needs so we decided to go to the Older Persons public mental health psychiatrist - however we have been told he 'doesn't' actually see any patients?? The older persons mental health nurse has seen mum twice and then consults with the Psychiatrist, who then might recommend to the GP what to do... but now the older persons psychiatrist is on leave for 2 weeks. We are up to about week 5 now. We have already lost months as mum wouldn't go to her appointments with her previous psychiatrist due to her paranoia.   As the family and carer - I feel very strongly that mum needs a new anti psychotic medication but now she is older - the older persons psychiatrist wants to canvass dementia and related issues. Some of the best anti psychotic meds are often used for dementia ""anyway"" so Im VERY frustrated with the waiting process again - this happens every time she relapses. Mum presents well and may not always disclose her thoughts - but she does to me. We just want a trial on a new anti psych and if it doesn't work then we can explore the world of dementia etc. Her geriatric assessment late last year said there was had a mild cognitive decline but nothing significant. I know her best. I know her history. I want to talk to the psychiatrist but he wont even see mum so I doubt he will talk to me when he gets back.   So now Im writing back to her previous private psychiatrist to see if he can direct the GP to trial a new mediation, but he will probably say no due to the new referral. SOOO this is my life. This is not new. Mum's mental health has been my responsibility for many years and it has taken a toll on me. My family has been neglected, my stress has been high and I have a

high pressured job. She has become harder to treat in older age and yet things should be easier with our knowledge!   Because she is old doesn't mean her illness has suddenly turned into Dementia. Im frustrated. I know every week she is not treated she is losing recovery opportunity and may not regain her sharp and witty humor.   I was the Family and Carer Consultant in the public mental health system for a number of years and I do 'know' things. I have a university degree, I am a case worker, I have worked with psychiatrists and inpatient staff and yet... I still struggle to get help! Once when mum was still living at home about 10 years ago - a mental health nurse wanted to admit her to the dementia ward then...from the emergency department, I was outraged and she recovered well after finally getting help which took ages at that time. Mum used to be a nurse and always worked in professional roles and raised 4 kids successfully. She only relapses when her medication is not right or she stops taking it.   In my previous job I had to advocate for many families and carers. I had to make sure Psychiatrists included them in review meetings, I had to confront case managers about listening to them, I had to have meetings with managers who mostly just blamed carers as being 'the problem'....after 8 years I left ███ ██████ mental health and I felt beaten, disrespected and like Id failed the families and carers Id worked hard to include. When I worked in ██████ it was a much more positive experience, because the area mental health executive drove into the mangers the need to protect and support the carer and consumer consultants.   So some mental health services are very 'Carer and Consumer sensitive' and some are NOT.... at the time I left, one consumer worker had also resigned, then my replacement also resigned due to the same feelings of disrespect. Only one carer consultant remains, they never replaced 2 of those positions. I still feel I had a lot to offer in that role however I found it too outdated and the old medical model was too difficult to work in. The mental health system remains very difficult for carers and families. They are often ignored or not included. they are not provided with education on how to manage and not provided with support via peer support workers in the community.   I cannot stop work to care for mum. I would like more access to centalink payments when my caring needs become high and then they can be reduced or stopped when mum recovers and I can go back to work.   "

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

"Peer support workers or Carer support workers need to have very strong management commitment to their role in any organisation but particularly in mental health - they need there own management representation on management and exec committees and their own line managers. They are not valued by 'clinical' staff in general. They are often seen on the same level as 'patients""... The need a strong team around them - they are vulnerable in the public mental health system. These staff do a lot better working autonomously in the community however when they need to advocate for a person with a mental illness they should be fully supported in the process so they are heard. Clinical staff should have mandatory training in what a peer support worker is and what a carer advocate is... they should work with them for a period of time in their training.   "

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?

"Better access to NDIS funding by simplifying the 'evidence process' within NDIS. People have to provide evidence of a diagnosis of a mental illness however this is difficult. If they do get NDIS its often not a lot of funding due to 'looking' OK and being able to live independently. People with

mental illness including those int eh AGED care sector need NDIS funding so they can gain their own support worker or service hours to support them in the community. This will also then generate more choice of service providers and can assist in early intervention and treatment. Youth need to be streamed as needing ""preventative"" support as a priority via outreach workers and schools need to identifying risky kids - and get outreach go to the home - triage lines are not always helpful. Youth also need increased Centrelink payments when they are unwell and their carers also need more access to Carer payments from Centrelink for times when their youth is risky. This affects all carers. "

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?
Recommend more scholarships for rural psychiatrists and rural training centers for mental health workers in general? - get rid of old 'medical' models - pull down old 'silos' of mental health services - get rid of emergency department mental health triage - get rid of old medical mental health wards - build new recovery and early intervention centers where people can have short to medium admissions (in the community) which have lovely gardens and wellness focus - not big - small home like houses... - employ more peer support and carer support workers - so there is an equal ratio in services and therapeutic recovery hubs - working farms and cultural farm or bush rehabs for indigenous clients and YOUTH - OUTREACH workers - new services models where mental health workers go to the home and visit people in the community   - GP and Psychiatrists need to do outreach in peoples homes and prescribe/start medications - New mental health case managers and peer support workers who are employed outside of public mental health systems to assist people and families navigate the mental health system... - Move mental health out of Public Health - create its own new department..

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
 Keep reviewing the commissions recommendations Set up independent ongoing committee/department which holds the government accountable to the changes recommended... Get a 5 year and 10 year strategy... Ask for this type of feedback from the community regularly or keep an open portal where issues or concerns can be heard Get the HCCC to have more power ?

Is there anything else you would like to share with the Royal Commission?
"When a person is in Emergency Department and is bleeding they get urgent attention. When a person with a mental illness is disillusion, paranoid or hearing voices - its like a brain bleed, but it cant be seen... Help families who care for someone with a mental illness/drug and alcohol issues - give them workers who can go to the home and support the person with the illness and the carers..........Preferably not via NDIS - this system is ridged and based on an insurance scheme its not great.. Get a new funding scheme, new service system and quicker access to clinical doctors to support families and people with a mental illness who are exhausted like me...Thankyou "