

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

SUB: 0002.0003.0010

Name

Anonymous

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

"Education, training and open discussion in the community, schools, work place, health sector and aged care which look at what is mental health, what happens when someone suffers from it and what causes it. This would need to be ongoing as well. Also where to get help. Mum is in her 80's was diagnosed with Schizophrenia when she was in her early 40's, this year has been diagnosed with Alzheimer's and Vascular Dementia. The GP & staff from Aged Care Facility whom we trusted to care for her have let us down. Some comments from these include - don't question my authority, it's her usual behavior or is doing it to get attention. They don't understand. I think because mental illness is invisible to the eye. For all purposes the person physically looks well. Only when behaviour changes you realise something is wrong. You cannot put the brain in a plaster cast or wrap it in bandages to show it is not well. Perhaps it would be more accepted if we could. The psychiatrist in Mental Health Aged Care Facility did not want Mum to spend too much time in the facility. Mum is elderly, towards the end of her life so I had to just accept it. Gave me the impression they did not want to spend time or effort on Mum. That to me is discrimination. In a meeting between family and those involved in her care it was suggested if we weren't happy to move Mum to another facility or arrange a private psychiatrist. Mind you Mum was in the Mental Health Aged Care Facility as a private patient. Not sure if this is relevant. I don't think the media should report on criminals who claim mental incapacity unless they have been assessed by a psychiatrist and diagnosed as such. It just seems it's an easy way to get out of a criminal conviction and may cause fear in the community. There are genuine people suffering from mental illness who don't need to be lumbered in the same boat as them. Hope that makes sense."

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?

"Last year Mum had three stays in a public hospital and two stays in a Mental Health Aged Care Facility MHACF within a three month period. Mum had what I call revolving care in and out of facilities. Mum is legally blind, uses a walking frame, is diabetic, has other physical health issues as well as mental health issues. What Mum experienced is appalling. Time was not taken to properly get to the bottom of what was happening. There was the fear that Mum was a falls risk in the public hospital plus could be exposed to infections and the best place for her at that time was the MHACF. Mum was stabilised to a point in the public hospital plus tests & scan were done. We had to wait for a bed to be available at the MHACF. The nurses in the public hospital were great but were overworked. I had to assist Mum at times. Consistency in care is what works best for Mum ie same doctors, personal care staff, routine. In the Aged Care Facility ACF staff may change due to different shifts or there is a high turn over in staff. When new staff - casual or work experience students are employed it is unsettling for Mum. The Personal Care staff need training not just on how to take care of the daily needs of residents but also what to do if they notice changes in behaviour or psychological changes eg .UTI They see the resident on a regular basis so

would be one of the first to pick up any changes. There should be a plan at the ACF with clear direction and guidance as to what to do. The RN in Mum's unit did not know what else to do after she tried to convince Mum to eat, drink & take her meds. I suggested that Mum's new GP be contacted. For me it was the next logical step to take. But why did I have to suggest it. Again there should be procedures, protocols in place to follow. The GP who initially cared for Mum in aged care would see her weekly, then fortnightly then there were times when not at all. This concerned Mum because she was not able to have contact with GP and made her anxious. When he did see her it was a very brief visit which did not reassure Mum. Also I feel if he was thorough in his job then he would have picked up the changes in sodium level via blood tests which led to delirium. I feel he prejudged Mum and that is why he did not fulfill his duty of care. Also if he found it difficult to care for Mum or did not know what to do then he should have referred Mum to a psychiatrist. We changed GP's because we weren't happy with the initial GP. The new GP did blood tests and saw the need for Mum to go to hospital to address low sodium and delirium. In aged care facilities there should be a team of health professionals available at all times to care for residents. I asked my GP if he attends to residents in aged care. He said he does and gets a medicare rebate. However that rebate is reduced for each resident he sees. There is no incentive for doctors to see residents in aged care. Why would a doctor who has a busy medical practice attend to residents in Aged Care? At present if Mum's new GP who visits once a fortnight is not available, then a locum is called. This is not good enough. The locum will not have the full background knowledge and history. I know there would be Mum's computer record that could be viewed but would there be time to do so. Again where is the consistency? When Mum was in the MHACF she only saw the consulting psychiatrist once a week. Aren't there enough doctors trained to work in mental health? What is the problem with this field of medicine - working conditions, pay, burn out? When Mum was discharged from MHACF we were told that her mental well being would be taken care of by Behaviour Specialist who would see Mum where she lives in aged care. We had to wait approximately two weeks before they came to see Mum with an interpreter. A Case Manager now sees Mum on a weekly basis to see how Mum is with medications, watches for any side effects and has prepared a Behaviour Management Plan for the staff in aged care to follow. The plan seems to be working because Mum has some activities that she can participate in and has more one on one interaction with staff at ACF. She is in a better head space now. But it has taken a long time to get to this point. The Case Manager reports to the consulting psychiatrist who will see Mum if there are any concerns. I don't know how long they will be involved in Mum's mental care. What was disappointing and misleading is being given a business card by Case Manager with a 1300 number and being told that we can call anytime to get help. My sister called that number on a weekend due to a crisis situation with Mum and no answer. There was a recorded message advising of office hours. My sister called the normal number and someone answered the phone who was sharing the office space but did not work for the agency we were trying to reach and said there is no funding for the phone to be answered. The person who answered understood our dilemma and said would pass on message and escalate it. Why not be honest? Having Mum on the correct medication & dose for her mental well being helps. But we have been on a roller coaster since the antipsychotic drug she had taken for 40* years was no longer being produced. What the GP & Geriatrician prescribed did not have any effect. What was prescribed by the psychiatrist at MHACF seemed to have some effect then the right dose had to be worked out. We are still in the process of working that out. Time is a factor as well in getting things right by that I mean allowing time in care, allowing consistency in care. Sorry this is long. I will be making a submission to the Royal Commission into Aged Care as well. I feel Mum's experience crosses over both."

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

Not sure if this is relevant. When someone suffers from a mental illness it has a ripple effect and also has an effect on the rest of the family members and carers. So much so they could also get sick or go to a dark place. So you would have more people needing care or more people committing suicide. The family members/carers also need help. When Mum was in the MHACF there was a social worker there. Apart from a petrol & food voucher no other assistance was provided to us. At the ACF where Mum lives they could see I was exhausted physically and mentally. After 7 weeks they asked me what can they do. They claim to care for the residents and their families but I did not see it. Since things are a bit calmer I've seen my GP and got a care plan. So I've had a few sessions with a physiologist and through Dementia Australia I found a local Dementia Support that I've been attending. These are helping.

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.

"I think those who provide care need to listen and hear what family members tell them. If I tell you there is something wrong, Mum is not right, if she is discharged she will be back sooner then later then don't ignore it. I know my Mum better then you. Do not make a judgement call on the few minutes you see Mum when you don't know her behaviour and background at all. As Mum lives in aged care we can only get access to mental health via GP who has to write a referral. As the GP is not there on a regular basis there may be a delay. In our case by the time the referral was obtained Mum had to go to the public hospital. From there she was transferred to MHACF. We did not know what facilities were available for the elderly for mental health. Also is it really realistic or fair to take an elderly person who has complex health issues to appointments outside of the aged care facility. I think a central data base listing health providers that people can access would be great."

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

"Unfortunately I feel where you live may hamper health care. For example people living in rural areas where getting care may involve driving long distances if there are health care providers in the area. Attracting medical professionals to work in rural areas may be an issue. Funding, facilities and perhaps making working in rural areas part of medical training. Provide incentives to work in rural areas."

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

"I've covered some of this in another section so will be brief. To be heard and to be offered care and assistance as well, at whichever point the contact maybe. GP, Aged Care Provider, Mental Health Care Provider A data base where Mental Health Professionals and the services they provide are listed. Ensuring that it is kept up to date and provides information that people will need to decide if they will make contact."

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

"Mental health would be a tough field to work in. Better working conditions, flexible hours, time out

for their own well being, security as I imagine they must deal with horrific situations."

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 Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Seems to me there are not enough qualified mental health professionals and agencies. Education in mental health. Funding for agencies to have staff available to take calls and advise people in distress. Aged care facilities where the elderly can be treated long term. Home care packages to be available to those in need sooner than later.

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

As above

Is there anything else you would like to share with the Royal Commission?

"The elderly should not be disregarded or forgotten about. They may be in their twilight years but need to be treated with kindness, dignity and respect by all who are involved in their care. They should have some quality of life. My Mum is lucky, my siblings and I advocated for Mum but we had to push to get the care she needs. It shouldn't be that hard. What happens to those who have no one? The population is getting older things need to improve for the elderly. "