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?
"Education about the range of mental illlnesses, assembled by experts working concjunction with communications professionals, to be delivered to high schools. This should address not only depression and anxiety but schizophrenia, biopolar, and PTSD. The link between social or societal circumstances and these illnesses should be emphasised, not just biomedical explanations focused on neurotransmitters etc."

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?
"Funded community treatment (medical rebate). The current funding model should be inverted though. Instead of everyone getting 10 free sessions, the people who are most in need of serious, longer term help should be targetted. In other words, you should start getting rebates after your first 10 or 15 sessions. That way, someone who had 52 sessions in a year would get 42 or 37 funded sessions, instead of 10. Any funding for the first 10 should be means-tested."

What is already working well and what can be done better to prevent suicide?
"I write this as an academic sociologist and as someone with PTSD, who experiences suicidal ideation. There is currently a very serious problem with the portrayal of men as a homogenous, monolothic entity, all of whom are presumed to share some essential quality of privilege. For men who have suffered in ways that are related - not coincidental - to their maleness, it is highly distressing to be told day after day that you are privileged, that everything advantages you, etc. Given that it is men who make up the majority of the homeless, incarcerated, murdered, injured/killed at work, etc, to be told constantly that nothing bad can happen to, or that at anything bad must be entirely unrelated to your male identity, it to be 'gas-lighted' by society. I spoke to a counsellor at Mensline when I was feeling suicidal and described these issues, and she said that every man who rang Mensline said the same thing. I think what is needed is an educational campaign which draws on a range of empirical, sociological data to communicate to society that there are ways that men, particularly men of low socioeconomic status, attain systematically negative outcomes and are not privileged."

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.
"Cost of treatment - my wife was sexually abused and her mother was also violent and severely abusive. I have complex PTSD after being bashed unconscious and left for dead while walking down the street minding my own business, and also grew up in an abusive household. We pay 10s of 1000s of dollars a year for therapy, and have done for multiple years. My brother has schizophrenia. One of the main symptoms of schizophrenia is delusions and a complete lack of

insight. My brother doesn't believe he has a mental illness; he believes he has psychic powers. If asked how his life is going, my brother will say that it is fantastic, even though, since his diagnosis, he has been unable to work, has lost all friends, and has been unable to live outside my parents' home. Under the current consumer, patient-centred model of healthcare, someone like my brother will just say that they don't want or need any treatment or services. This model is a catastrophic failure when it comes do psychosis. Basically family homes have become lunatic asylums in miniature, because the alternative, when the person remains chronically psychotic and refuses services, is for the family to throw them out. That is why so many homeless people are schizophrenic, and so many schizophrenics are homeless. The current model is completely useless. Some people cannot be integrated into the community, and that phrase, in practice, ends up meaning that the family have to do the entire labour of caring for someone who is floridly psychotic. Look at the recent spate of murders in Melbourne: the Bourke St driver who thought he was Jesus; the Parkville homeless man who was schizophrenic; the man who killed the Israeli woman after she got off the tram; the guy charged with terrorism after ramming people with his car. If you understand how psychoses present and read accounts of these murders, it becomes clear that the real issue is that there is absolutely nowhere for people with psychoses to go and be looked after. There is nothing. My brother has remained floridly psychotic for 15 years - he has a constant dialogue with voices in his head, and barely hears you when you talk directly to him. In that time he's had one hospital admission for a couple of weeks. Other than that it's just been left to the family to manage him. If we want some of these murders to stop, we need to acknowledge that the community model for psychosis has been an abject failure. Some people need closed residential care. Mental health practitioners and policy makers need to stand up for once and realise that when a treatment approach/paradigm just happens to also save a ton of money then they need to be sceptical rather than enthusiastic. "

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

"Men are constantly demonised. It is highly de-humanising to use language such as ""men do this or men do that"". We wouldn't say ""blacks to do this, or jews do that"". Yet that language is constant in mainstream media. Many men have suffered in ways that are directly related to their maleness, yet this cannot be acknowledged by society at all at the moment. There is endless political and media discussion about how privileged men are, but no one mentions that 95% of those in jail are men, with the biggest predictor being born poor, that 92% of those who die at work are men, at a rate of 5/week, that men make up the majority of the homeless, and that about 40 men a week kill themselves, a rate which has increased 10% in the last year. Some people falsely put this down to men not seeking help, but the stats reveal that more men are seeking help than ever and more are killing themselves than ever. I have PTSD after being bashed unconscious while minding my own business, and the Australian Institute of Criminology has made clear that 2/3s of all murder victims are men, men make up the majority of assault victims and muggings, of those murdered by a stranger 92% are men, and yet no studies at all have ever been conducted into men's experiences and support needs after experiencing violence. Instead, people say, ""but the attacker was male"", as if that helps the victim in any way. There is a concerted neglect in this area, and it extends to grants given to academic research projects. Anyone who might wish to research areas where men attain negative outcomes will be unsuccessful in their grant applications and can be made a pariah."

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

them?
"When it comes to psychosis, family members are required to provide the services that an asylum once did. It destroys the family's life. And while doing that, for reaons of confidentiality they are not allowed to discuss any aspect of the psychotic family member's care with medical teams. I rang my brother's psychiatrist and told him that I realised he could not say anything to me, but that I needed to tell him some things that were going on with my brother (which is not a breach of confidentiality) and he refused to take the call. What is needed is for closed care facilities to be re-instituted. If my brother sunk an axe into the back of someone's head he'd get fantastic care for life. Because he's non violent, though floridly psychotic, instead the family has provide the asylum."

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

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?
"The very phrasing of this question reveals the problem, when it comes to schizophrenia. Many people with schizophrenia are non-functional. The live in a world entirely in their own head. There is no way someone like my brother can participate in the economy. He would never, ever, agree to any social activity. Early in his illness, he still tried to engage with friends but they found him utterly intolerable, because of how disturbed his behaviour was. He has no contact with anyone now. And yet I believe that if he were placed in a closed institution, he would actually have greater social participation. Asylums would provide a boundary that would demarcate my brother's psychotic world and contains it. If he was in an asylum, I truly believe his old friends would still visit him, because a boundary would be maintained that cannot be maintained when he is out in the ""community""."

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?
"Urgent need for institutions to be re-opened, to reduce psychosis-related murders, of which there have been many, to relieve the enormous burden currently placed on families, to reduce homelessness of schizophrenics, and to provide a structure for the schizophrenic person that is more conducive to their well-being than can be offered in the community. We need to absolutely do away with the patient-centred model for psychosis, since the main symptoms of psychosis is psychotic delusion, such that the person has no insight into their condition and no desire to change anything about their life. Families need to be brought into the decision-making, planning and communication networks, since they are the ones providing full time care, and currently are kept completely out of the loop. We need to stop pretending that de-institutionalisation is about what was best for patients and admit it is purely about cost cutting."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

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

"Even in the Middle Ages societies realised that people who were psychotic needed institutional care. We now just leave them to rot and eat out of rubbish bins while sleeping in parks, if their family won't provide the institution."