PHILIPPA BRADLEY

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

As a mental health nurse of over 30 years experience, I have specialised mostly in working with people with personality disorder. My submission is mostly focused on the need of, and issues for, people with personality disorder.

People with personality disorder can experience more stigma than other groups of people using mental health services, often being blamed and judged for their difficulties and for emergency department crisis presentations and self harm incidents. They can also be discriminated against more than other client groups in accessing physical and mental health services, with delays in medical treatment and, at times, denial of both physical and mental health treatment. There are multiple examples in research and in clinician experiences of denials or delays in treatments, including sending people with personality disorder straight to a mental health ward rather than assessing and treating medical conditions in ED, delaying treatments for self-harm as it was self-inflicted and many more such examples.

These stigmatising attitudes actually only serve to increase the intensity of distress a person suffering with personality disorder experiences and thereby increases the frequency and severity of self-harm incidents. They also contribute to clients' alienation from health services and reluctance to seek help when needed, and can increase hopelessness about their potential for recovery.

The issue of stigma can also lead to reluctance by health professionals to give a diagnosis of personality disorder, especially for younger people, which can prevent access to appropriate treatment in a timely manner.

Recommendations:

For the community:

- Develop and implement a media campaign to educate the public about personality disorder and to reduce stigma. This could be lead through the BPD Foundation and the BPD community.

  One example of this is the ABC program "All in the Mind" which featured a psychiatrist and a person with lived experience of borderline personality disorder (BPD). This was very effective in raising awareness of borderline personality disorder and promoting contacts with our service.

  A media campaign could be modelled on the very successful Beyond Blue awareness raising campaign for depression.

- Information campaigns should emphasise that recovery is a lifelong and whole of life approach, and that compassionate and friendly interactions with people in the community and ordinary activities of daily life in supportive contexts contribute to recovery

For Emergency Departments:

- Increase resources for frontline staff in Emergency Departments (ED) to increase clinician availability and manage waiting times, and to minimise clinician burnout
- Increase resource of mental health staff in EDs to provide prompt assessment and intervention for personality disorder and to promote effective therapeutic responses and referrals for follow-up
- Develop and implement systematised education for ED & frontline staff to increase understanding of issues related to personality disorder, along with support and debriefing to minimise non-therapeutic responses
- Improve referral pathways for assessment and treatment from points of contact in EDs and at every level of contact

For Mental Health Services:

- Training and supervision to be provided to all mental health clinicians to increase understanding and effective therapeutic ways of working with people with personality disorder

2. 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?

Things which are working well include school interventions, specialist services like Headspace (although these need to be significantly better resourced), encouraging people to seek help, and awareness about mental illness across the lifespan.

Recommendations – what can be done better

1. Prevention interventions focused on early life

Research consistently identifies developmental experiences and early childhood attachment as being significant in mental health throughout the lifespan.

Personality disorder and many other mental health disorders have their origins in these early life experiences, as well as in genetic or biological factors. For example, any difficulties in relation to childhood attachment and trauma can impact on the development of identity and of self-regulation and relationship skills. These impacts are directly linked to subsequent mental health outcomes, including for personality disorder. When the cause of personality disorder for an individual seems to be biological rather than attachment or trauma reasons, early relationships are still important in mediating the outcome of the biological factors and in providing a secure sense of self and resilience.

It follows that fundamental to prevention and early treatment of personality disorder are human relationships that are protective and that foster resilience and security in the presence of stresses or adversity. This applies both to early childhood caregiver attachments and school age relationships, as well as to treatment relationships when a person engages with health services.

It is imperative for a significant re-focus onto early childhood development and a significant investment into early childhood services, with a focus on effective models for strengthening and resourcing families.

Recommendations include:

Re-orient maternal and child services to identify and then address issues of concern in early life, improving family health and social supports across a broad range of areas:

- Increase the range and availability of maternal and child health services and increase the frequency of contacts for families with new babies with formalised processes including a systematised schedule for reviewing family well-being from birth, and develop ways of identifying families at risk of psycho-social stresses
- Develop and provide therapy and support options that focus on early life attachment for families identified as struggling in this area
- Consider parenting courses, and a phone helpline for new parents
- Resource the early childhood education sector to identify at-risk families, or children / families of concern, and implement referral pathways for appropriate support and intervention targeted at increasing caregiver's resilience and parenting / coping skills and strengthening families
- Develop support services for parents / caregivers / families that are flexible, responsive and available after hours
- Identify social determinants of poor mental health in families and utilise a whole of government approach to address these for identified families, including housing, employment, social isolation, other socio-economic factors, Centrelink
- Increase "Resilience" programs in schools

2. Recommendations for supporting people to get early treatment and support

- For the Government to develop and implement a coordinated approach to treatment and support for personality disorder across Victoria, with a coordinated stepped care approach (stepped care models are available to guide this development)
- Government to increase services across primary care and public mental health within this stepped care framework
- Government to set expectations regarding provision and duration of treatment within the stepped care framework
- Government to develop and implement a "no wrong door" approach, with clinicians and services at any point of contact equipped with systematised, easily accessible, coordinated referral pathways
- Government to organise the development of these referral pathways and ensure education for all staff at all levels regarding their use
- Improve accuracy and coordination of internet information regarding availability of, and access to, services and supports

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

What is working well?

- Community training and greater community awareness
- Current early intervention initiatives
- Evidence based treatment when it is available, although this is limited with very few public mental health providers of evidence based treatment and the rest being private, which is unavailable for many people

Recommendations

- More funding for research into suicide and suicide risk factors, including developmental and contextual determinants
- A range of school interventions including:
  - More recognition of at risk young people in schools
  - More education in schools about suicide risk factors and equipping young people about how to support or seek help for their peers who are at risk
- A range of interventions for young people and adults including:
  - Timely diagnosis and response
  - Appropriate referral pathways and treatment options
  - Access to adequate periods of evidence based treatment at the earliest opportunity, given current high rates of inadequate or ineffective episodes of therapy which can lead to a false impression that treatment does not work for the individual
  - More availability of evidence based treatment as well as training to be provided in Common Factors Treatment, and availability of Common Factors Treatment as a mainstream treatment for personality disorder in AMH Services
  - Follow up for people who have presented to ED with suicidal ideation or actions, or suicide risk factors, including linking them to treatment services. This requires a greater mental health resource in EDs
  - Support for families of people who present with personality disorder and suicidal patterns
- Given the high rates of suicide attempts using prescribed psychiatric medications, government to develop guidelines that medication is not recommended for personality disorder and to reinforce guidelines that advise for appropriate psychological treatment and support as the first line treatment

4. 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.

What makes it hard?

- Socio-economic factors
- Intergenerational trauma
- Social isolation and loneliness with break down / loss of supportive family and social systems
- Fragmentation and lack of integration of services

Fundamental to mental wellbeing throughout life are experiences in childhood of secure, available and supportive relationships. And the importance of being connected and engaged in supportive relationships and social systems continues throughout life. Todays' society is characterised by break downs in family and social systems, and intergenerational patterns of violence, abuse, drug use, criminal behaviour, which strip away the foundations of mental wellbeing.

Unless these early and ongoing social and environmental determinants of wellbeing are targeted, we will continue to have generations of people with mental health problems that are difficult to treat because of complexity and prevalence. Prevention targeted at these early and ongoing social determinants will arguably be the most effective intervention we can do.

This is a whole of society problem and requires a whole of government approach.

Recommendations for Improvement

1. Social / Community Level

Fundamental to improving mental health for people across the spectrum of mental un-wellness is to have the opportunity to be connected and engaged in social communities, within which they experience supportive relationships.

This requires a whole of government approach to mobilise and invest in initiatives that foster community programs, groups, and activities that provide connection and engagement for people.

Recovery to be seen as a whole of life approach.

2. Mental Health Service Level

- Coordination and integration of services within stepped care frameworks and with coordinated referral pathways
- Client centred systems of treatment and support
- Education to all health professionals at graduate levels, with staged training progressing from foundational level for non-mental health clinicians to higher levels of training for those directly involved in working with personality disorder.
- Caseloads of AMHS case managers and frequency of contacts / meetings with people with personality disorder to be managed on order to support therapeutic ways of working rather than bureaucratically driven processes

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

Drivers behind poor mental health outcomes:

- Issues for rural and remote communities
- Intergenerational trauma
- Indigenous health issues
- Refugee communities with histories of trauma
- LGBTQI people
- Social isolation / loneliness

These social factors and cultural communities are linked to higher rates of personality disorder and complex trauma, as well as to mood, anxiety and psychotic illnesses.

At the same time, there are multiple issues of accessibility to, and cultural appropriateness of, mental health services for these communities.

Recommendations:

As already recommended for other questions:

- A whole of government response to identify and address socio-economic-cultural issues is important
- A stepped model of care to address issues from mild, through moderate, to severe conditions
- Referral pathways that are clear and adequately resourced

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

Consult with BPD Foundation.

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

Issues affecting the workface include:

- Stressful workloads
- Complexity of clinical problems especially in the context of early trauma, family violence, substance abuse, refugees etc
- High turnover of staff, with associated loss of experience
- Undergraduate education that does not prepare the workforce to understand and work with personality disorder and complex trauma
- Lack of flexible ways of respecting and retaining mature, experienced clinicians, eg, flexible workloads and work hours

Recommendations:

- A whole range of training interventions at under-graduate and graduate levels to better prepare the workforce to understand and work with the range of mental health conditions
- More provision of mentoring and group and individual supervision for staff
- Better management of clinician workloads
- Focus on clinical leadership as opposed to bureaucratic management
- Accessibility of training in evidence based models and common factors treatments to increase confidence and job satisfaction
- Resources to develop peer workforce models that are appropriate for different contexts and diagnostic groups

When adequate models for providing treatment and support to clients are in place, with good clinical leadership, staff generally feel more positive about the work they are doing, and gain satisfaction from seeing positive outcomes for their clients.

8. 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?

Recommendations:

- Provide expectations and incentives for employers to employ people with disability and people who struggle to find and sustain work related to their mental health difficulties
- A whole of government approach to address multiple psycho-socio-economic-cultural determinants of poor mental health

9. 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?

Priorities for Change:

1. Implement the NHMRC Guidelines for personality disorder (Clinical Practice Guideline for the management of Borderline Personality Disorder, National Health and Medical Research Council, 2013)
2. Early prevention focused on support for families from birth, as the most powerful means of prevention for the next generation of people (as detailed in question 2)
3. Improve education to all health professionals, targeting under-graduate and graduate programs, to improve understanding of personality disorder, complex trauma and other mental illnesses, and to inform of treatment approaches and referral pathways
4. Develop a "no wrong door" approach with well-developed and accessible referral pathways
5. Develop and implement a stepped model of care coordinated across all health services from primary care to public mental health
6. Funding for research and development of new treatment programs and for delivery of treatments and supports

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?	
11. Is there anything else you would like to share with the Royal Commission?	
Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ☒ Yes ☐ No