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

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N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Limiting access to mental health services is very stigmatising and discriminating - removing these barriers to accessing primary, secondary and tertiary services would help the community to understand that mental illness is like any other health issue for which help and services are more easily accessible."

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?
"'- Twenty four hour phone access to a mental health worker through Psychiatric Triage system, however: 1. the service is seriously under-resourced: the wait to speak to someone can be well over an hour, far too long for people who are suffering from acute psychological distress and a signifiant disruption to primary care workers who might be calling on a patient's behalf; 2. referral and treatment options after assessment by the Psychiatric Triage worker have often been very inadequate, due to flow-on mental health services being under-resourced. 3. Often, the nature of mental illness is such that people withdraw and disengage from services. Occasionally however, they reach a point at which they are highly motivated to engage, but this window of opportunity is quite short. At present, the services available are not resourced to accommodate this pattern of illness as unless a patient is acutely suicidal, they will not be seen on the day. As a result, the opportunity to engage people with services and treatment is lost. - Community mental health services provide good support to people with significant impairment, however: 1. they often discharge people to GP care who still require ongoing psychiatric and psychological care; 2. they are only able to support the most unwell people in the community, rather than being able to support people to maintain good mental health. Thus, they tend to be reactive, rather than preventative; 3. they are limited in the types of services they can provide. For example, many people with mood/anxiety disorders have behavioural and/or developmental disorders. A neuropsychological assessment to diagnose the latter two conditions - which if managed appropriately could significantly improve their mental state, function and prognosis and provide previously unmet opportunities to participate in the workforce and develop financial independence - costs several thousand dollars. It is totally inaccessible for people on low incomes. Limiting diagnostic and management services in any other specialty would be unacceptable, but seems to be the norm in mental health. - Many people with mental illness require long term support and services, but often funding is provided for short term, very goal-specific programs only. Funding to accommodate the long term and complex nature of mental illness could help people achieve and maintain their best mental state."

What is already working well and what can be done better to prevent suicide?
"Crisis and Assessment Teams are responsive when required, but they are very inflexible. For example, we referred a woman to them recently who was suicidal after being violently sexually

assaulted. She had just been discharged from hospital after having surgery to repair some of the injuries she sustained during the assault. She sought our help and agreed for us to refer her to the CAT team, her only request being that she didn't have to go to the local hospital emergency department to meet them, as she was still processing the trauma from her assault and there was a risk of her being triggered by going to the ED. In spite of our pleas to the CAT team to meet her in any part of the hospital but the ED, they refused. As a GP, I am expected to and am very willing to be flexible in order to provide care to everyone who requires urgent attention - in this instance, this lady walked in near closing time and was unknown to our service. Our nurse and I added her to our already full day and worked unpaid overtime to ensure she had the best outcome. We were disappointed that our efforts and the understanding and patience of the patients who were already booked to see us and were interrupted and delayed, were not met with any flexibility from the CAT team. Furthermore, robust and reliable primary mental health care services would prevent much psychological distress that would lead to suicide and access to these services is very limited, especially for those who do not have the means to fund these services."

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.

"1. Broader societal dysfunctions caused by a culture of profits before community. What can be done to improve this: policies that invest in public services and prioritise social cohesion over corporate profits. 2. Public outpatient services to any other medical specialty apart from mental health and addiction medicine are easily accessible through GPs, for a range of urgent and non-urgent conditions. In contrast, it is literally impossible to refer a patient to a psychiatrist in the public system unless they are severely unwell. Being able to refer to a public outpatient clinic for psychiatric services, just as GPs would for any other specialty, would be helpful in managing people with a range of mental health conditions. The same would apply for addiction medicine, which many people with mental illness are also affected by. 3. Quality low cost or no cost psychological services are very rare. I work in an Aboriginal community controlled health service as well as in a community health service where we see many people who are from refugee backgrounds and others who suffer from homelessness and substance addiction. A large proportion of my patients have suffered complex and multiple traumas from an early age. The current system allows them to access 10 subsidised psychologist sessions per year. This is entirely inadequate to manage the myriad effects of trauma on their physical and mental health, relationships and ability to function effectively in the community. To make things worse, the Care in Mind pathway through the Primary Health Network has at times advised that the patient and I that they will no longer provide these sessions as the program is designed for the short term only. There is no other way for these people to access quality psychological therapy, which is crucial to minimise their long term distress and incapacity. "

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

"1. Social isolation, poverty, lack of housing and infrastructure and poor access to transport and services. According to a significant body of international evidence, poorly designed urban spaces can adversely affect mental health. Urban design that allows people to walk or commute easily to work, healthcare services, social activities, etc without relying on private transport and that provides sufficient green spaces for recreation would connect people to communities and optimise their mental and emotional wellbeing. 2. Insecure housing exacerbates and is in turn can be a

result of mental illness. Providing affordable housing to the most disadvantaged people in the community would relieve this significant contributor to ongoing psychological stress. "

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

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Funding models are often contingent on recipients frequently submitting onerous reports. These data rarely reflect the complex and demanding nature of the services provided. Furthermore, the rigorous reporting requirements direct already scarce resources away from the face-to-face care that is direly needed, towards administrative and managerial structures. Channelling funding to workers who have direct contact with patients, rather than towards administrative costs, would greatly assist in building and maintaining a robust mental health workforce. "

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?
"'- Public primary mental health services that are easily accessible, flexible, responsive and preventative. It would be ideal for GPs to be able to refer to the local mental health service, the referral to be triaged by a clinician and an appointment organised within a timeframe that is appropriate for the urgency of the condition - as is the case with any other medical specialty. - Multidisciplinary mental health teams that can support a larger range of patients, not only those with severe mental illness as is the case currently. Appropriate support and care could help people to function and participate more fully in their communities, as well as prevent the cycle that usually ends in incredibly distressing acute psychiatric episodes and resource-intense emergency intervention and treatment. - As many psychological services as is required by patients, including assessments for behavioural and learning disorders, that are available at no cost to patients who have limited financial means. - Acute services that are able to respond to a range of acute psychiatric conditions and engage people in the brief window of opportunity when they reach out and ask for help. "

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?
"It has been my experience as a GP working with some of the most marginalised communities over the last 14 years, that often the most unwell and financially disadvantaged people are the ones who need the most involved and complex care, which is the least affordable and accessible to them. I have been privileged to be involved in the care of people who have, despite the adversities they have experienced and limited resources to assist them, managed to overcome the

impacts of mental illness to lead fulfilling lives and make invaluable contributions to their communities. It is my hope that every person who is affected by mental illness and the often attendant problems of homelessness and substance addiction, will be able to access the support they need so that they can reach their fullest potential. "