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

Organisation Name
N/A

Name
Mr Kevin Jones

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

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?
"Employers have had legislative obligations to provide safe and healthy work environments for many decades but the inclusion of psychological health has been largely overlooked in preference to those hazards that have a direct relationship to traumatic injury and death. It is only since 2000, and the various campaigns since to prevent and reduce stress and bullying, that psychological risks have been on the workplace agenda. Because stress and mental health hazards are often related to personal interaction, the management of these hazards have been largely addressed through the Human Resources discipline and processes. However, the prevention of harm has not been prominent in most of these HR strategies and disciplinary barriers continue to exist with Occupational Health and Safety (OHS). Prevention of mental harm through addressing causal factors has become more prominent since Safe Work Australia published guidance on how to prevent mental harm in the last year or so-
https://www.safeworkaustralia.gov.au/system/files/documents/1901/work-related_psychological_health_and_safety_guide.pdf. This national guidance was developed through tripartite consultation and addresses the operational and organisational structures and job design that creates mental harem at work. Sadly, the existence of this guidance is not widely known. Managing mental harm in workplaces requires much more than awareness raising and individual coping and resilience strategies, as these measures fail to prevent mental harm. Effective prevention requires a mental health strategy that produces a language and terminology that is recognised and used by both HR and OHS disciplines and safety regulators. Effective prevention needs to accept that the way we work creates its own psychological harm, and that the causes of this harm have been well known in the Australian OHS literature for well over a decade, but have failed to be applied. "

What is already working well and what can be done better to prevent suicide?
"Very little has worked to prevent suicide in Australia other than the removal of means through gun control, physical barriers and such. Because of the cultural stigma about suicide, Australia is still early in its discussion of the reality of suicide. It is also early in its own research into suicide and prevention. What research there is into the work-related suicides and stress is excellent, especially the early work of John Bottomley and the continuing research by Tony LaMontagne, Alison Milner, Tessa Keegel and others. Strategies can be improved by understanding that what currently passes for suicide prevention in workplaces is really early intervention and occurs after harm or suicide ideation (stress) has begun. One should not separate the prevention of suicide from the prevention of harm that leads to suicide. If one does, prevention is much less effective

than it could be. Suicide prevention strategies must look at the causes of workplace stress that can develop to suicide ideation. These have been identified by Lamontagne and Keegel in 2012 in this research -
https://www.researchgate.net/publication/282232495_Reducing_Stress_in_the_Workplace_An_Ev idence_Review_Full_Report_-_VicHealth   "

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.

"It is important to acknowledge the barriers that exist in Victorian workplaces that impede the attainment of good mental health. WorkSafe Victoria has listed these organisational factors that contribute to work-related stress (https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Preventing-and-managing-work-related-stress-guidebook-2017-06.pdf): - work demands - low levels of control over work - poor levels of support by supervisors and colleagues - lack of role clarity - poorly managed relationships - poorly managed change - incivility. These lead to psychological injury/illness that include depression, anxiety, burnout, emotional distress and suicide, as well as physical illness/injury such as cardiovascular disease, musculoskeletal disorders, immune deficiency and gastrointestinal disorders. Initiatives to create and improve mental health need to include systematic approaches to the bullet points above. This may mean that the way businesses operate and the way work is done is likely to need to be reassessed and restructured to eliminate the hazards at the design or business creation stage. Many OHS Regulators already have guidance on how to address these issues and the guidance is based on Australian evidence on effective strategies. Each of the bullet points above create or escalate poor mental health at work. Ignoring any of these impedes any other mental health strategy inside and outside workplaces. People may be given resilience skills but that does nothing to eliminate the cause of the stress, only perhaps reduce the severity fo the psychological harm. OHS laws and the employers' duty of care aims for the elimination of hazards "

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

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?
"Re-emphasising the existence of OHS duties on employers to provide psychologically and physically safe and healthy workplaces to all workers will provide a benchmark of expected behaviours and organisational structures and processes. Workers need to be supported when they choose not to risk their own health and safety for that of others, and those in their care. It is now acceptable for emergency service workers, such as firefighters, to not put themselves in harm's way if all that will be lost in a fire is property. Nurses and carers have been trained to apply a no-lift policy to reduce the potential harm to themselves which may result in choosing not to stop a patient or resident falling. The physical and psychological welfare of mental health workforce should be no different. Knowing that the chances of being exposed to personal risk has been

addressed by the employer, should reassure recruits to the mental health workforce. Employers who are diligent on OHS will become ""employers of choice""."

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?
N/A

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?
N/A