

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

## Organisation Name

N/A

## Name

Mrs Joanne Knight

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

"Education needs to begin with the workers that are doing the day to day care of people with Mental Health issues and alcohol and other drugs (AOD / dual diagnosis) issues. A lot of the staff employed are not properly educated in the very perplexed needs of these individuals, and the majority of the staff that I have worked with, especially the Management teams have little to no clinical background or experience, Although personal journeys and experiences are very valuable in a team situation, knowledge, experience and understanding of the complexities are just as important. Being involved as the AOD / Mental Health Care and Recovery coordinator in a Rural setting has been the breaking of me in a 28 year employment in Mental Health. I have had the opportunity to work in an acute setting for 7 years, Community Mental Health for 3 years, Community Rehabilitation unit for 8 years casual and most recently the AOD Care and Recovery Coordinator for 2 years (dual diagnosis worker). When teams and workers are better educated and encourage the use of the term ""dual diagnosis"", we will start to break down the incredible stigma that continues to plague our valued clients and families. In my current role, 80% of the client load is Forensic clients, and to date, our local Psychiatrist have REFUSED to see all of the clients until they have ""stopped using drugs"". The only way that I am able to have the clients mental health and addiction addressed at the same time is to use ""Turning Point "" in Melbourne via Skype. This is an embarrassment to our community and allows our clients to feel the stigma that even professionals continue to attach to clients. Our GP office attached to our building has decided to not let any of the Methadone clients be seen there. There was no incident to precipitate this, it was just the decision of the GP's to not see ""those clients"". How unprofessional and judgmental. If large organisations set up to assist these clients is unable to give them the respect and dignity they deserve, then how can we expect the community to do it. "

### **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?**

"What is working well? I really struggle to answer that question as the organisation I am involved in is actually negligent to the clients, their families and the staff trying to make change. They pay well but at the end of the day that is such a poor reason to work for someone. The role that I am employed in is an amazing opportunity to support, advocate and assist clients that are very marginally disadvantaged, but the organisation is so bad that I am no longer even able to do my job and have been on workers compensation since a sexual assault by a client."

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

"Again it is an emphasis on training staff to ask the right questions, identify signs, speak to families and do care plans that help the clients to be able to get early intervention when things are not going well. It is about involving families in decision making making numbers available everywhere so that people know that there is help and how to access it. It is ultimately about asking those

questions "Are you OK". But some workers are amazing at their jobs and being able to identify and work with these clients, but then don't have access to the clinical support that they need to deal with such a stressful occupation which is often "life or death" and very painful. Who is looking after the workers that are looking after the clients. Workers need to be well in order to be fully present and able to assist the clients. This cannot be achieved when the clinician themselves are unsupported by big money making organisations that are run by people who have no idea, empathy or actually care about the clients at the other end. I went into this job to make a "difference" and to give "equity and rights" to people who are often unsupported and have been written off. Instead, I am leaving my position a broken employee who has given up on ever being able to make a change and that includes being able to make accountable the organisation that let down a mentally unwell client, his family, my family and me. And for someone who has seen "a lot" dealt with "incredible trauma" to be lining up trees myself due to my employer is a very very sad state of affairs. "

**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.**

"The first issues is that often clients don't recognize that they are unwell and it may be family members who assist them in seeking out help. Once they make the initial appointment, it is very important for clinicians to send reminders to clients of appointments as their memories and recall are not at all good and they need prompting to attend. It doesn't mean that they don't want to attend, it just means that their thoughts are so scattered and they may have so many appointments that they just "forget" to attend. We do not have enough services in the country and the waiting time for the original intake process is about 4-6 weeks. This is a long time when you are struggling every day to even exist. Once through the doors, your assessment is done and it is a further wait of up to 6 weeks again to be linked into a worker. Care and Recovery, counselling or men's behavioral change. We are short staffed in EVERY area. Staff workloads are undo able and mistakes are made daily due to both of these factors. Organisations just don't talk, and it is so disjointed and unmanageable for the clients that the wheels will nearly always fall off for the client at some stage. Why wouldn't they. My clients are ALL linked with Justice Health (CCO's, parole, awaiting sentencing ect), have prior mental health diagnosis (wont be seen by local mental health service), some are linked with DHHS and the majority are homeless or need immediate housing on release from jail. How hard would it be to have a round table discussion with the client and all the services involved and work out from the beginning a plan that would ultimately improve the clients mental / physical health, find them accommodation and help keep them from re-offending. Organisations almost have the culture of not wanting to share and this is so detrimental to the outcomes, safety and health of the client and also other agencies involved. When are we going to learn from this lack of organisational care. "

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

"I feel the drivers are the Management staff not having clinical training, being focused on money and outputs, and really caring what the outcomes are for the clients or in fact the staff. Clients are not getting EXCELLENT quality care which is the make or break to long term wellness. Clients are not being guided to the right organisations to make their daily lives manageable and in fact to just have their basic human rights met. Lack of facilities available, lack of meaningful and sustainable employment, lack of housing and the ability to maintain housing and now to top it of the incredible

nightmare of trying to navigate the NDIS. "

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

"The first thing that can be done better is acknowledging the role that carers and family members play in the overall health and well being of clients. The majority of the families that I have worked with have wanted nothing more than to be heard, acknowledged and helped to navigate the maze that is our Mental Health Service. They just want to be able to understand, support and guide their loved one into an existence that is not fraught with danger, loss and tragedy so that they can be happy engaging members of our community. Parents often carry the very heavy burden of blame, and need to be supported in order to address this feeling and to understand that they are not to blame. They need to understand how to support their loved one without enabling and wrongly supporting them. They need to understand that the ""disease"" often says and does awful things, but the ""person"" is not the disease and can be helped and is often not even aware of what consequences their actions have. Family members need to meet other family members so that they can share their experiences, their loss and their deep deep hurt with other people who understand. Family members need to be made to feel that they are part of the solution and not the problem, We do involving families very badly in our systems, and I am yet to understand why as they are the source to a lot of information that can help us formulate a picture of the clients history and get a collaborative approach for change. "

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

"Where do I start. Respect our current workers experience, qualifications and abilities as individuals. Get Managers that are trained in the field they are working in so STAFF safety is a priority both physically and mentally. Provide debriefing to staff after traumatic events. Provide supervision to staff to enable them to discuss issues about clients / other staff. Have written policies and procedures that keeps staff, clients and all people safe from harm. Acknowledge staffs concerns in relation to safety and take a legitimate look at what they are saying. Have an organisation that is transparent in all areas instead of having hierarchies bully, intimidate and not even investigate incidents that occur. In my personal situation, I was working for XX, was Sexually assaulted by a client at a Mental Health facility, was then taken into a room where I advised the staff I had been sexually assaulted, was shaking and quiet scared. As I put my bag down and stood back up the client was right in my face as the staff had let him into the room without my knowledge. I was stuck between a brick wall and the client and he put his feet against the solid wooden desk so that I couldn't get out. There was a chair next to the client and I quickly said ""where is his dad, he needs to come in"", mental health staff replied ""we don't need him in here"". It was at this moment I froze and could not rationally think. I knew the huge forensic history of the male, he had only been released from prison 3 weeks ago, he had a history with knives and guns and I was now stuck between a wall and him. The two female mental health staff positioned themselves in front of the only exist so if things went wrong they were at least safe. The client fixated all answers to the girls questions on me and was constantly in my face during the 1 hour interview. I was basically frozen. I have struggled to understand why this situation pushed me over the edge, but with help from CAV, I realised for the first time in my career that I was possibly not going home to my family again. I thought I was going to die for that whole hour. I can still feel that every time people come into my space. This man was Psychotic, needed an inpatient admission and as his father said to me earlier that day, needed to have a depot injection as that was the only

thing that controlled his Schizophrenia. He was non compliant with oral medications, used ICE and other drugs and was not safe when under the influence or unwell. So we as an organisation failed this man, his family, my family and myself. I put forward items of discussion to both organisations to have the whole situation looked at and hopefully changed so that it doesn't happen again to anybody else. Instead I was told ""you knew how dangerous he was"", ""you chose to sit through the interview with him"", ""you shouldn't have sat there"", ""we have done nothing wrong and fixed the camera that should have shown the evidence so what more do you want"". For the record, the client presented to court 3 times which I went to on my own, finally pleaded guilty to sexual assault and is now doing time. This was not an appropriate outcome for a Psychotic client who should have been given the Psychiatric help he needed. 9 months on, my organisation has still made no changes to any safety issues, continues to deny any blame and has in fact put the blame all back on me. It was also documented as a Category 1 incident but was NEVER investigated, not reported to work safe and no one spoke to me for over 2 weeks after the incident occurred. Why would anyone want to work in this area of care. "

**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?**

"People need to be better able to access all their medical documents in order to be given the correct payments / entitlements and this often needs to be done under the guidance and support of workers. People with mental illness need to be given the same opportunities as any other member of the community, and they need to be supported to stay well so that they can achieve the things that are important to them. When clients are well managed, supported and treated fairly, they are high functioning individuals that have overcome diversity but lived to tell and teach others. "

**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?**

Minimum qualifications for Managers and workers. Training specific to areas of care and expertise. Providing support that is regular and emphatic so that workers are supported. Do a total over haul of what we have now and start again would be an ideal situation.

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

"For me it is filling out this form and hoping that some of the points I have made are useful in making change. It has been a useless exercise for me to try and implement change in the organisation I am currently in, as it is not change they are after it is the dollar they are chasing. They are full of the right things to say, but when it comes to action they are so far from the coalface that they cant see the damage they are doing to families, individuals and the community as a whole. I am so sad that I found my dream job in a nightmare organisation. Myself and 3 other nurses are all leaving at the same time due to Management and this is just so sad for the clients. I truly believe that all 3 of us had the motivation, passion and empathy to make a huge difference to these amazing people, and now we are all broken individuals without any desire to keep fighting the battle. "

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

"I advised a client that I have been working with for over 2 years that I needed to leave XX and he

asked if he could write me a reference. This is what he wrote. To whom it may concern, My name is XXXXXX XXXXX,I've been in prison 4 ova 12years..I now 4 the past 2years have kept out of prison and r full time employed and have been 4 12 months now..I have no doubt that how things r 2day r from the work and support from Miss Jo...Her support throughout courts,doctors,driving me and the very judgemental people I've not had b4 eva..I could not recommend Miss Jo in words except that the community is at a loss without her hard work and support..Thankyou.. This is why I turned up to work every day and gave 120%. Because I had the honor of walking beside people like this in a journey that was long and arduous but the result where so worth all the hard times. I hope these comments have been of some use and look forward to finding out the results of the commission. "