

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

Organisation Name

N/A

Name

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

Get the message across that mental illness is something people recover from and that someone with a mental illness usually spends a significant period of time well and functioning as other members of the society do. People still fear and/or judge mental illness and those with mental illness and/or don't really trust those people. There is still a sense that someone with mental illness can and should be ruled out of consideration forever. Over one hundred years of the consumer and family movement have shown this is not so.

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?

"Services do the very best they can to support people with mental illness and work for recovery. It would be great if we could build a world's best practice model of public education on insight and basic lay-person's assessment so that people realise mental illness may be happening and get really early and effective intervention so that the time out of someone's life is limited. It would also be great if there were peer-led alternatives to the public mental health system, as happens in the US and New Zealand. There peer-led recovery centres should have links to the public mental health system so that if someone in a peer-led centre was at real risk to themselves, help could be sought that would keep them alive and get adequate treatment. "

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

Services do the very best they can to get support for those contemplating suicide. Services should be constructed that leave no stone unturned in working with suicidal people to keep them alive. It would be great if more people could be trained to deliver suicide prevention models like ASSIST and also develop peer run services which would work with clinical services to keep people alive and get them to recovery.

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.

"Good mental health is built in a society where originality and innovation is given precedence, where everyone has access to education and employment, where there is room for difference and diversity, where discrimination on any grounds is outlawed and dismissed, where resilience is built by participation in sports, in the various arts, in civic life. All kids and teenagers should be taught about good mental health, about resilience and about mental health intervention and identification. Bullying in schools must stop. Schools that promote one means of discourse should be challenged to change. Relationships should be seen as the fourth "r" of education - reading, writing, arithmetic and relationships. Spirituality should be embraced but not mandated. Languages should be taught so that people can access other cultures and learn from them first

hand. Currently, the region has a Community Care Unit slated for closure. This seems an unreasonable, unjust and unnecessary decision. The NDIS does not provide 24 hour-support bed-based units of a similar level of treatment and care as does a CCU. The proposed intensive outreach does not provide for bed based services. The inpatient units cannot provide slow-stream rehabilitation of the style and impact that is provided by a CCU. The soon-to-be-built PARC offers a rehabilitation option, but not for those requiring more than six months to get on top of their daily living skills while still monitoring, treating and recovering from their mental illness. The CCU has become under-resourced and diminished in capacity to make a meaningful difference to rehabilitation outcomes this needs to be rectified. Also, we should not be taking away the existing CCU when other regions of comparable size still have them. Only a CCU provides all of the elements missing from the other services. Consideration should be given to building a new, state of the art facility that has: 1. One bed units for each resident. 2. Lockable doors so that clients can have privacy, while also allowing staff access in the case of emergency 3. A recreation and therapy building 4. Kitchens, laundries, lounge and bedrooms for each of the units 5. A staff building with a room for a peer worker, therapy staff and manager, as well as a staff work room, hand-over room and interview rooms. 6. Access to camping materials, bicycles, musical instruments, art supplies so that clients can learn to recover. 7. Access to cars for workers, peer workers and occasionally to transport clients. But it should be recognised and built into service provision for clients to learn to catch public transport, learn to drive, save so they can buy and maintain a car, etc. Currently, the public mental health service also has a child and young person wing next to the Adult Acute Unit. When the unit was opened approximately 10 years ago, the wing was opened as demand required it in order that children, teenagers and young adults could be admitted to a hospital without having to travel to Melbourne. In recent years, staffing costs for coordinating the unit have meant the unit is now effectively closed. This disadvantages children, teenagers and young adults who currently have to go to Melbourne, or face being in a unit not built for young adults, and so confronting for those young people in terms of coming into immediate contact with adults who sometimes have long term illnesses and entrenched and sometimes threatening behaviour. Consideration should be given to funding the service sufficiently so that this wing can be reopened when needed. This may involve creating part of a whole new workforce to staff the unit, given the current staff shortages. "

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

"The whole of government, whole of life, whole of community rhetoric of the Brumby government should be revisited. That is, Because Mental Health Matters gave an outline of how mental health services could be embedded in all other services jails, A&OD services, employment services, education providers to intervene to help those with mental illness. Like the "Closing the gap" strategy some kind of "Us and ours" - as against "us and them" strategy should be taken up by the Victorian government. This would set and achieve minimum targets for statistics like reducing the gap in life expectancy of those with a mental illness as compared with the general public, with reducing the number of those with a mental illness living alone or in supported residential services, with reducing the numbers in prisons who have a mental illness, with reducing the numbers of those with a mental illness who have co-existing drug and alcohol issues, etc, etc."

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

"Family members can be stigmatised in the caring roles as siding with those with a mental illness."

It is a lot of work caring for someone, who then may or may not get well depending on the severity of their illness and how they deal with their recovery journey. Carers may need time off work, part-time roles, education and support, respite and a range of other interventions to assist them."

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

"We need to convince people that this is a very rewarding line of work. A large part of the mental health workforce is reaching old age and retirement and we need to appeal to a new generation. This can be done partly by using all ICT platforms well, but also in listening to, as well as training another generation of workers. The lived experience workforce, with the right supports, flexibility and budgets is a more than capable adjunct to clinical services. Also, we need to adequately support staff so that they know they are going to be really well supported, by colleagues and management when faced with the challenges and sometimes traumatic situations that can arise. Genuine and deep investment in staff wellbeing programs will be reflected in outcomes in staff retention and patient outcomes. "

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?

"Education and training. Build and fund centres like the old Mind recovery colleges where clients can learn the skills to recover and where those who might become employers can receive the right education and training to overcome stigma and employ those with a mental illness. All walks of life need to be open to supporting and encouraging the recovery of those with a mental illness. 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? Find a way to dismiss staff who do not practice at the best level. That is, the old days of sexual and physical assault have largely ended and should never be allowed again. Police training on the use of measures like capsicum spray rather than bullets needs to be reinforced and again, never to fall off police training syllabuses. We need an ""Us and Ours"" campaign where the state government commits to real and measurable change for those with mental illness and then reports annually on processes and outcomes. There must be a better level of accommodation than the current supported residential services. Funding should be made available so that these SRS's are replaced with units with 24 hour staff so that clients now in SRS's can learn to do all the chores they need to do to make it in the community. Public mental health services need to get away from practices where there is only emergency response and back towards services which truly do use the least restrictive environment while still keeping people safe. Locked doors should only be used as a last resort and the dignity of risk should be embraced. Investment in alternatives to address MH acute presentations. A different model in EDs that ensure that people in need receive a reception, assessment and treatment which helps people de-escalate, be understood and validated "

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?

Delivery of evidence based treatment. Defining measurable and achievable changes in outcomes for those with a mental illness and reporting on them. Building adequate infrastructure for housing for those with a mental illness. Making sure that stigma is overcome by a world leading prevention and intervention program. Making sure all services have equity in terms of service provision -

child and youth acute services and community care unit in this region.

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

"As mentioned, define what gaps need closing, set targets and use whole of government approach to delivering them. Learn from other world leaders in this respect - Portland, Maine, US; Trieste, Italy and Birmingham, UK to name a few. Also learn from the world expert we have in our area - that is, Prof Pat McGorry. Make sure that intervention happens when someone is a risk to others as much as to themselves. The deaths caused by someone like Gargasoulas could be avoided through enforced admission rather than effectively allowed to occur. Make sure gun laws are not changed. Many deaths that do occur in jurisdictions like the US do not happen here. Do not let people "die with their rights on". That is, it is better to admit, detain and treat than have someone dead or not recovered. But balance that with dignity and risk and with the person's right to choose their own recovery journey, within sensible limits."

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

"We have a once in a generation chance to change the mental health system. We should have an oversight body with real teeth like the Federal MH Commission. If done, make sure that the Commission has consumer members or at least one consumer member as well as carer/family members. Don't repeat the mistake of this Commission in having no consumer commissioners - if we want reform, consumer spokespeople need to be given a leading voice as a part of that change."