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

Organisation Name
Northern Centre Against Sexual Assault - SUB.0001.0009.0074

Name
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How can the Victorian community reduce the stigma and discrimination associated with mental illness?
Educational and promotional material about mental illness / mental health needs to also contain information about recovery

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?
"Clients who have had stays in a PARC (Prevention and Recovery Centre) report much more positive experiences. These services are smaller, there is more staff contact / support and activities to engage in. Suggestion increase the number of PARCs "

What ideas do you have to prevent suicide?
More understanding responses within acute mental health to people's distress Provision of peer support options

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.
"Within the public mental health system, there has been an increased focus on on Risk Assessment and Monitoring resulting in a reduction in therapeutic treatment. This has led to an increased focus on people with Acute Serious Mental Illness. This has created a gap in services for people who have what is perceived as 'less serious' mental illness but who still require a mental health response during episodes when their condition deteriorates. Many of these people have histories of child or adult sexual assault and experience depression / anxiety post traumatic stress disorder / chronic suicidality / dissociative disorders. Around 30% of Northern CASA's clients experience chronic suicidality however, they are often assessed by the mental health as not requiring a response leaving other services to manage a high level of risk The Mental Health system needs a range of levels of treatment / care to respond to people with different levels and stages of mental illness / recovery"

What areas and ideas for change you would like the Royal Commission to prioritise?
Impact of trauma

- The experience of trauma, especially sexual assault, is extremely common to clients of the mental health system, **yet people are often not asked about this**
- Current Mental Health system focuses on diagnosis - CASA clients' experience is that this is of variable assistance to people
- Mental Health system needs to become consistently trauma informed – this entails extending the current predominantly medical model of diagnosing and treating psychiatric disorders to embrace a trauma lens as part of the system's response

- Clinicians need to understand ‘what has happened to you?’ not only ‘what is wrong with you? (Reference – Power, Threat, Meaning Framework)
- In case of clients with history of sexual assault, there is a need for the Mental Health system to incorporate understandings of ‘complex post-traumatic stress’ rather than generally using the labels of Borderline Personality Disorder or ‘frequent presenters’
- Staff across the various teams need to be trained and supported to implement trauma informed care

Need for understanding of gender based violence within MH system

- The Mental Health system needs to incorporate an understanding of gender based violence into its practice and to promote this throughout its workforce.
- The Strengthening Hospitals response to Family Violence is building the capacity of some mental health clinicians located in hospital based mental health services. Funding for this project needs to be maintained and extended
- Northern CASA is aware of situations which have involved mental health staff minimising the use of family violence by a male patient as ‘just his mental health issue’
- There has also been an occasion when NCASA was denied access to visiting a client who was a patient in an acute psychiatric ward. This patient had disclosed family violence and sexual assault by her husband but was assessed as ‘delusional’.

Needs of women, especially those with Sexual Assault histories who are admitted to acute psychiatric units

- Women identify continued lack of safety. Some NCASA clients have reported experiencing further sexual assault in these environments
- They describe that these experiences have been minimised / disbelieved / assessed as ‘delusional’
- CASAs are contacted on an ad hoc rather than routine basis when women patients disclose sexual assault while inpatients
- existing Women’s Corridors in inpatient units need to operate as actual women’s corridors – currently male patients are commonly admitted to these when there are no beds available in the general ward
- there need to be strong relationships / referral pathways between mental health services and centres against sexual assault
- regular training for inpatient unit about trauma informed care / responding to disclosures of recent and past sexual assault

Environment of Acute Psychiatric wards

- CASA clients continue to report difficulty accessing staff while they are inpatients
- Wards needs increased staff to enable the provision of ‘caring treatment’ rather than just ‘monitoring’
- Clients who have had stays in a PARC (Prevention and Recovery Centre) report much more positive experiences. These services are smaller, there is more staff contact / support and activities to engage in.
- Suggestion – increase the number of PARCs
- NCASA experience is that there is insufficient follow up for clients post discharge from both acute wards / PARCs

Access to the range of essential free or low cost mental health care options:

- People who experience mental health issues are often unable to work and therefore have limited incomes however there is a paucity of providers who are willing to bulkbill

The system needs:

- Trauma informed psychiatrists who will bulk-bill and provide therapy not only medication and monitoring
- In particular, there is a severe lack of specialised referral options for people who experience Dissociative Identity Disorder, which may arise as a result of experiencing sexual assault
- Private providers (psychologists and other allied disciplines) who have the expertise to respond to sexual assault issues (CASA experience is that many private providers refer their clients to CASAs once they disclose sexual assault)
- Impact of the NDIS on clients who need access to community based psychosocial support - decrease in level of funding available for psychosocial services and complexity in understanding application process for support through NDIS.

Mental Health issues commonly associated with history of sexual assault:

- Chronic suicidality can be experienced following sexual assault
- Around 30% of NCASA clients identify experiencing this
- The current Mental Health system is to triage and if not assessed as requiring an inpatient admission, to refer back to the existing support network – a GP, private therapist, or other service provider. The Mental Health system response and client experience could be enhanced if peer support was available to people at these times

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

"Recommendations relating to the Royal Commission
Terms of Reference
2.1 Best practice treatment and care models that are safe and person-centred existing Womens Corridors need to operate as actual womens corridors currently male patients are commonly admitted to these when there are no beds available in the general ward The Mental Health system response and client experience could be enhanced if peer support was available to people
2.3 Strengthened Pathways between Victorias MH system and other services The Mental Health system could benefit by having a Service Navigator position (these positions are available at the Orange Door Support and Safety Hubs) In particular, there need to be strong relationships / referral pathways between Mental Health services, centres against sexual assault and family violence services This would be facilitated by creating regional Partnership positions between these 3 sectors. In the past, Womens Portfolio positions were funded in each mental health region and these staff actively promoted positive interagency partnerships that benefitted clients. Eg North Area Mental Health Services Partnerships Project
4 How to improve mental health outcomes, especially for those at greater risk or experiencing poor mental health:
4.2 Living with mental illness and co- occurring illnesses, multiple diagnoses, dual disabilities Care provided by the Mental Health system needs to take into account the impacts of having a history of sexual assault, in particular, child sexual assault The MH Royal Commission should commission a Discussion paper on MH needs of people who have history of Sexual Assault / Child Sexual Assault and the potential for Trauma Informed Care to address these needs Mental Health clinicians should have access to regular training for inpatient unit re Trauma Informed Care and responding to disclosures of recent and past sexual assault. CASAs are well placed to deliver this training "