

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

Organisation Name

N/A

Name

Ms Teresa Olszanka

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

"Early diagnosis and proper treatment is crucial. Consequently, the educational system needs to improve the standard of education. This is first and foremost. I don't believe community's understanding or lack of it is a problem. The biggest issue, in my experience, is a catastrophic shortage of competent, responsible, accountable and respectful mental healthcare professionals."

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?

"Unfortunately nothing. And there appears to be no improvement since I arrived in Australia. I do not believe anything will change until there is a cultural shift in the way people treat one another ie basic respectfulness. Right now there is an abundance of assortment of mistreatments, bullying and daily debasing."

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

"Clearly, nothing as there has been no improvement"

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.

"Shortage of competent, caring and respectful mental health services. The centres do not need to be large, just competent and efficient. My experience, trying to find help for [REDACTED], is that the professionals we consulted were half competent, cold and blase. Actually, what we experienced was a catastrophic failure in clinical governance on behalf of close to ten doctors. With the exception of 2, every other consultation and treatment was like rolling from one disaster to another. This is compounded by a blatantly flippant attitude to the person who is suffering."

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

"Lack of free, accessible, professional and FUNCTIONING centres. The centres are there. The Government pays for staffing and premises. Problem is that they don't seem to want to do any work. One gets rudely fobbed off at the first phone contact. At one of them, [REDACTED] had 3 appointments made with a visiting psychiatrist. On all three occasions. the psychiatrist just failed to show up, no phone call to cancel the appointment. Just never showed up."

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

"!/ being INCLUDED, acknowledged listened to and provided with guidance as to what to do to the best outcome 2/able to find a competent professional, getting professional consultation, followed

by proper diagnosis and well thought through treatment for the family member who needs treatment."

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

"It has to start with the educational system producing suitably qualified, competent professionals with decent work ethics and ability/willingness to think. There needs to be a pool of professionals to choose from. Then one can think of retaining. Dedicated professionals will stay, there is enough challenge. Money and status driven individuals are in this field for the wrong reasons. As things stand now, finding a provider who actually knows what they are doing and have a commitment to what they are doing is a question of luck. This includes private clinics. It's a disaster"

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?

"Hardly any. What needs to be done? Again it needs to start with early competent assessment, treatment, avoiding OVERMEDICATION and reckless medication. Educational opportunities for those who don't have qualifications, or need to change their occupation. There are employment agencies dedicated to people with disabilities. Unfortunately, some have the attitude of ""we managed to plug in one or two this week"". Not acceptable. People need to have viable qualifications whenever possible otherwise they get mistreated or exploited at work. The competence and awareness of Centrelink employees who happen to manage a person with mental issues need to be substantially improved. Currently, the standard is unacceptable in more than one way, often leading to catastrophic outcomes. Financial incentives for potential employees are a waste of public money. As soon as the incentive ends, the employee with disability tends to be discarded."

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"1/ creating modern, professional centres employing a neurologist, a psychologist, a psychiatrist, and a qualified social worker, all in one centre. Ideally with some diagnostic equipment like EEG and another form of brain scan. This might be a new concept here, but in other parts of the developed world, comprehensive clinics of this kind have been in place for decades now. Essential for proper assessment of patient. 2/ the bar for candidates wanting to study social work needs to be lifted substantially - currently, there are too many social workers entering this profession who do not have adequate capacity to work in this area. Being ""easy going"" and ""approachable"" are welcome but is not a quality one would consider to be satisfactory in itself. 3/there needs to be restrictions on the type of medication that a GP can prescribe. Antipsychotics are not the type of medication that a GP would be free to prescribe without a suitably qualified psychiatrist being involved. Ditto for antidepressants."

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

"For anything to have lasting power, one needs to begin with sound well thought through foundations. Followed by set minimum ENFORCEABLE standards, code of conduct, code of ethics for mental health professionals, and accountability. Currently, there is chaos, not support and I cannot understand how things got to be the way they are, what's worse they aren't

improving. Merely throwing more money into the system will not transform dysfunction into function. At the end of the day, people need to be held accountable for their performance, or lack of it. The government needs to monitor where the money is going. Kingston Mental Health services, Southern Mental Health (in Moorabbin) can be located. Trying to obtain any service is a different story. Yet everyone gets paid."

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

"One glaring flaw is a prevalent lack of respect and recognition of humanity for people with mental illness. Too many are treated as objects rather than human beings, reckless prescribing of medication which is a result of not conducting proper consultation. It's somehow OK because these people are not very good at standing up for themselves, especially when their mind is sent into a state of confusion by the medication. The approach of "let's just throw a pill and see what happens" has the potential to be damaging for a young brain in particular. Another thing I find disturbing and inappropriate is putting mentally ill on benefits, giving them a flat to rent and abandoning them to manage their money: paying rent, other bills. It doesn't work, just adds unnecessary stress. Many cannot manage their money, particularly when they are overmedicated. I had to bail out a friend of mine with mental illness on 2 occasions via bank transfer because his electricity was about to be cut off. He couldn't manage his rent payments. Fortunately, he had a sister living in a different state who could afford to pay his rent. Otherwise, he would have ended up homeless, most likely. And his mis-medication. I didn't like his rapid deterioration so I talked to a psychiatrist I knew socially about the meds he was on. She was horrified and said there were better, safer meds available in place of those he was on. I couldn't do anything, I wasn't his family nor was I in any way involved in his treatment. Nevertheless watching him deteriorate within short period of time was heartbreaking. How can a doctor do this to his defenseless patient. It amounts to unconscionable conduct."