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

Organisation Name
N/A

Name
Dr Norman Rose

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Refer to my written submission

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?
Not relevant to my submission

What is already working well and what can be done better to prevent suicide?
Not relevant to my submission

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.
N/A

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 funding, lack of sufficient patient centred care, lack of inpatient beds and suitably trained staff, abysmal lack of expert post-inpatient care. Rapid turnover of psychiatric beds and absence of rehabilitation psychiatry, lack of public outpatient facilities. See my written submission for recommendations."

What are the needs of family members and carers and what can be done better to support them?
"Privacy rules make it difficult for family members and carers to fully understand patient needs. Where privacy trumps disclosure to family members, family support groups may help."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Especially for clinicians the needs of patients need to be paramount without excessive bureaucratic and managerial interference. Clinicians need to be re-empowered.

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?
No comment

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?
We need to completely overhaul the system and give up exclusive use of mainstreaming of mental health beds and clinics. We need more community centred small short and medium stay dedicated psychiatric hospitals as well as improving psychiatric units attached to general hospitals. We need many more multi-disciplinary public outpatient services as well as dedicated units for dual or multi-diagnosis patents including those with drug problems.

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

Is there anything else you would like to share with the Royal Commission?
Refer to my detailed submission.

Dr Norman Robert Rose MB, BS, DPM, FRANZCP
[redacted]

I am a retired consultant psychiatrist. Please refer to my curriculum vitae. After completing my post-graduate qualifications apart from treating private patients in private hospitals and working as a visiting psychiatrist at Prince Henrys Hospital, most of my experience was in out-patient private and medico-legal psychiatry.

I was happy to have worked in the heyday of the State of Victoria's Mental and Psychiatric Hospitals as well as teaching in hospital psychiatric units and to have enjoyed the associated high quality education, supervision and training. Admittedly at the time too many patients were institutionalised and some were locked away from the community for what would today be regarded as improper or inappropriate reasons without our current emphasis on the rights of the disabled. Nevertheless, many patients did benefit from the opportunity to have free intensive and medium term psychiatric care even if they were not suicidal or potentially harmful to others.

I refer you to an extract from Oliver Sacks' essay in a beautiful book on the ruins of former United States mental hospitals. Oliver Sacks was a prominent neurologist who worked mainly in New York and who was the author of many books including "Awakenings" which was made into a film and "The Man Who Mistook His Wife For A Hat".

Deinstitutionalization, starting as a trickle in the 1960's, became a flood by the 1980's, even though it was clear by then that it was creating as many problems as it solved. The 'sidewalk psychotics" in every major city were stark reminders that no city had an adequate network of psychiatric clinics and half-way houses, or the infrastructure to deal with hundreds of thousands of patients who had been turned away from the remaining state hospitals.

The antipsychotics, the medications that had ushered in this wave of deinstitutionalization, often turned to be much less miraculous than originally hoped. They might lessen the "positive" symptoms of mental illness – the hallucinations and delusions of schizophrenia – but they did little for the "negative" symptoms – the apathy and passivity, the lack of emotion and ability to relate to others – symptoms that were often more disabling than the physical symptoms. Indeed (at least in the manner they were originally used) the antipsychotics tended to lower energy and vitality and produce an apathy of their own. Sometimes there were intolerable side effects, movement disorders like parkinsonism or tardive dyskinesia, which could persist for years after the medication had been stopped. And sometimes patients were unwilling to give up their psychoses, psychoses that gave meaning to their worlds and situated them at the centre of these worlds. So it was common, and remains common, for patients to stop taking the antipsychotic drugs they had been prescribed, unless there was elaborate supervision and support.

Thus many patients who were given antipsychotic drugs and discharged had to be readmitted weeks or months later. I saw scores of such patients, many of whom said to me, in effect, "Bronx State is no picnic but it is infinitely better than starving,

freezing on the streets or being knifed on the Bowery". The hospital, if nothing else, offered protection and safety – offered, in a word, asylum.

By 1990 it was clear that the system had overreacted, that the wholesale closure of state hospitals had proceeded too rapidly, without any adequate alternatives in place. ------- We forgot the benign aspects of asylums, or perhaps we felt we could no longer afford to pay for them: the spaciousness and sense of community, the place for work and play, and for the gradual learning of social and vocational skills – a safe haven that state hospitals were well-equipped to provide. [1]

What occurred in the United States of America was the case throughout the developed world including in the State of Victoria. Everywhere, the abrupt closure of hospitals and clinics resulted in "the baby being thrown out with the bath water". The availability before the closure of our mental hospitals and associated clinics, day hospitals and sheltered workshops of better funded comprehensive public and rehabilitation mental health services contrasts with current bed shortages, revolving hospital doors, the shortage of public mental health facilities, the lack of in-patient rehabilitation psychiatry, the demoralisation of professional staff and the high proportion of the mentally ill in our prisons. For many, before the wholesale closures, public in-patient mental health care was available, free and caring with every opportunity for follow-up in public outpatient clinics such as Ernest Jones Clinic, Clarendon Clinic, the out-patient clinic at Novar in Ballarat and the Malvern Clinic to mention some. For the most part the staff in these units were caring and well trained. Treatment for most except for those very chronic patients in the "back wards" who were seen perhaps only once a year by medical officers was thorough and caring by the standards of the day. At Parkville, at C Ward in Larundel, Malvern Clinic and at Novar in Ballarat psychological treatment was part of the therapeutic regime.

While I was a visiting psychiatrist at Prince Henrys Hospital in Melbourne between 1968 and 1988 I spent much of my time supervising psychiatric registrars and teaching medical students in the psychiatry out-patient clinic. We received patients from general practitioners, the hospital emergency department and other places including the medical and surgical wards. We saw discharged in-patients and those prior to in-patient admission. As far as I can recall we did not turn anyone away. All of this was free. We offered a multi-disciplinary service with the ready availability of social workers. Our clinical philosophy was strongly influenced by the work of Professor George Engel who was Professor of both Medicine and Psychiatry at Rochester University in the State of New York. One of his contributions was to advance the cause of a psychiatry that blended biological, psychological and social factors. Another outcome of his work, at Prince Henrys Hospital and elsewhere was the development of consultation-liaison psychiatry. The Royal College of Psychiatrists defines liaison psychiatry as "the sub-specialty that provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards. Therefore it deals with the interface between physical and psychological health.

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[1] *Asylum. Inside the Closed World of State Mental Hospitals, Photographs by Christopher Payne, with an Essay by Oliver Sacks*, The MIT Press, 2009

Our approaches were truly human and not secondary to economic rationalist dictates. We were patient centred. I have often regarded the patient as an expert in his or her own illness. It was important for us to be able to listen sensitively and with love. Above all we were able to devote time to tend to the needs of our patients. The Medical Superintendent and the Director of Nursing together with secretarial and managerial staff ran the hospital. Our psychiatric unit led by a senior consultant psychiatrist was closely associated with the Monash University Department of Psychological Medicine. We were able to attract the best students, young researchers and psychiatric registrars, some of who later became leading academics and researchers. At that time, in contrast to the present, patients were not regarded as clients or consumers. We did not experience the current demoralisation of professional and clinical staff.[2]

One of my recent concerns was the plight of those applying for benefits under life insurance policies. For Total and Permanent Disability claims to succeed it was necessary to show that all possible measures had been conducted in order to try to restore health to a degree that a return to some form of employment was possible. Unfortunately most of those whom I was assessing had no funds for private psychiatric and psychological treatment and the treatment they needed was not available in the public sector. Because of this inadequate treatment many claims were denied.

Another worry for me was the discharge of hospital patients to general practitioners rather than multi-disciplinary psychiatric clinics. Many general practitioners do not have the skills, time or enthusiasm required to properly manage mental health problems. Many of the psychologists to whom patients have been referred on mental health plans are inadequately trained and have never had adequate supervision in the management of severe mental illness. All of the psychologists we used at Malvern Clinic and Prince Henrys Hospital were either clinical psychologists or student psychologists under supervision studying for postgraduate clinical qualifications. All of our nurses were fully trained in psychiatric nursing or being trained to be so. Visiting psychiatrists and members of the Monash University Department of Psychological Medicine team were responsible for supervising psychiatry registrars.

We need rehabilitation facilities with dedicated multi-disciplinary staff in the form of medium term dedicated psychiatric in-patient and day hospital units with the spacious surroundings as those that used to exist rather than the cramped and locked environments seen in general hospital psychiatric wards.

Many patients have complex problems including those with drug and addiction issues as well as mental illness. We need specialist facilities for these. Patients with drug problems and/or personality disorders are often barred from treatment without thorough assessment of their needs. Facilities for the management of these unfortunate human beings are depressingly inadequate or in many areas absent. Of course many of these are difficult to treat but we should not abandon them. Without

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[2] Editorial. Medical Professionalism in Psychiatry, *Dinesh Bhugra and Susham Gupta, Advances in Psychiatric Treatment (2010) vol 16 10-13.*

alternatives many end up in the penal system where at least some will stand a chance of obtaining proper psychiatric and psychological assessment by forensic psychiatrists and psychologists. One size does not fit all.

Although I am not advocating a return to the system of the past I do recommend taking what was best from it and adapting it to our current needs in an environment of more complex mental health problems and a need for financial and managerial prudence. For example, we could replicate in a number of areas the model of the former Malvern Clinic with its community centred 20 bed ward, outpatient clinic and day hospital in spacious grounds and use them for the teaching of clinical staff as well as treating patients. What I do not wish to see is a continuation or increase in the de-humanising and de-moralising excessive control by managers[3]. Both patients and clinicians deserve to be heard and given a shared role in mental health care.

[3] The Scourge of Managerialism and the Royal Australasian College of Physicians, *Paul A Komesaroff, Ian H Kerridge, David Isaacs and Peter M Brooks. Med J Aust 2015; 202 (10): 519-521.*

CURRICULUM VITAE
Dr Norman Robert Rose

In 1959, I obtained my Bachelor of Medicine and Bachelor of Surgery Degrees at St Vincents Hospital Medical School with Honours in Pathology. I was a Junior Resident at St Vincents Hospital for 1960 after which I spent the whole of 1961 in General Practice. I trained in Psychiatry at Victorian Mental Hospitals including Sunbury Mental Hospital, Ballarat Psychiatric and Mental Hospitals and Larundel Psychiatric and Mental Hospital from 1962 to 1966.

I was granted the Diploma of Psychological Medicine of University of Melbourne on 17th August 1966. For 3 years after obtaining my diploma, I worked half time at Malvern Clinic and The Ernest Jones Clinic, which were run by The Victorian Mental Health Authority. In the meantime I was also establishing myself in private psychiatry practice. I was given Membership of the Australian & New Zealand College of Psychiatrists on 8 October 1971 and Fellowship of the Royal Australian & New Zealand College of Psychiatrists on 14 October 1978.
I am a Member of the American College of Sexologists and a Member of The Australian Academy of Forensic Sciences. I am a Founding member of the RANZCP Faculty of Forensic Psychiatry. I was a member of the Victorian Association of Psychotherapists until the early 1990s when I resigned because of other commitments. I was an active member of The Royal Australia and New Zealand College of Psychiatrists Psychotherapy and Forensic Sections. I participated in the RANZCP Maintenance of Professional Standards Program. I was a member of two RANZCP accredited Peer Review Groups encompassing the fields of Psychotherapy and Forensic Psychiatry. From the 1980's I was also a Commonwealth Medical Referee.

For over 40 years I was in private clinical practice including working as a psychotherapist as well as engaging in medico-legal work From 1997 I was working in various States and Territories as well as Victoria doing medico-legal assessments and reports. This interstate work included doing temporary and total disability assessments for superannuation funds and insurers as well as assessments for Comcare, Centrelink, the Department of Veterans Affairs including Military Compensation, and various State WorkCover and workers compensation insurers. I also saw patients for plaintiff solicitors as my intention was always if possible to be without bias. For several years I was engaged in providing medico-legal reports for various criminal jurisdictions and for the Victorian Adult Parole Board. I was also a Medical Assessor for the NSW Motor Accidents Authority, a Review Panelist for the NSW Motor Accidents Authority and an Approved Medical Specialist for both the NSW Workers Compensation

Commission and in Western Australia These positions were similar to being on the Victorian Medical Panels for TAC and WorkCover.

In 1968 I joined the Staff of Prince Henry's Hospital, Melbourne as a Visiting Assistant Psychiatrist. I continued working at Prince Henry's Hospital, mainly in outpatient work and in the supervision of Psychiatry Registrars. At outpatient clinics I saw and supervised registrars in the whole field of adult psychiatry and liaison psychiatry. From 1975 until I left Prince Henrys Hospital at the end of 1988 I was the director of the Sexual Difficulties Clinic. I was actively engaged in both under-graduate and post-graduate psychiatric teaching for the Monash University Department of Psychological Medicine. In 1987, I was the Chairman of the Clinical Meetings for the Prince Henry's Hospital Psychological Medicine Group.

For several years I was a Co-therapist in Sex Therapy at The Catholic Family Welfare Bureau. I had an association with The Cairn Millar Institute of Melbourne for 4 years. For 4 years I was a lecturer at The Hofbauer Centre, a psychotherapy training institute run by The Redemptorist Fathers of Melbourne until its closure. During this time I was a psychotherapist to a number of students of The Hofbauer Centre as this was required as part of their training.

I had extensive experience in treating the victims of sexual crimes. I treated many such victims by means of intensive long term psychotherapy. I treated the victims of paedophilic priests on behalf of CareLink. In 1992 I presented a paper on the treatment of abuse victims to the Psychotherapy Section of the Royal Australian and New Zealand College of Psychiatrists.

I had special interests in trauma, occupational psychiatry, the psychotherapy of abused patients and in sexual problems. I presented papers on these matters in Australia and overseas.

I ceased clinical work in 2010 but I continued doing medico-legal work until my retirement in June 2017.

PUBLISHED PAPERS

Sex Therapy in Australia, (1976) The Journal of Sex Research, Vol 12, No. 4:330.

Therapie Sexuelle en Australie: (1977) Bilan de 40 cas, Cahiers de Sexologie Clinique, Vol 3, Numero 14.

Burger, H. & Rose. Norman (1979) Sexual Impotence.
Med. Journal of Australia 2:24-26.

A Clinical Study of Hypoactive Sexual Desire, in Dennerstein, Lorraine & Burrows, Graham, D. (Eds), Obstetrics, Gynaecology & Psychiatry 1980. York, Abbotsford.

Reisner, G.S., Lording, D.W., & Rose, N.R. (1984). Experience with the Jonas penile prosthesis in the treatment of impotence. Andrologia 16: 256-258.

SCIENTIFIC PAPERS GIVEN TO MEETINGS & CONFERENCES

"An Eclectic Approach to Psychosexual Problems" - given to Annual Meeting of Australian Society for Psychosomatic Obstetrics and Gynaecology - Melbourne in May 1975.

"Recent Trends in Sex Therapy" - given to Seminar on Sexual Behaviour, the Community, and the Helping Professions conducted by the Australian Psychological Society - Melbourne in May 1975.

"Sex Therapy in Australia: A Report of 40 Cases" - given to 18th Annual Conference of the Society for the Scientific Study of Sex - New York in November 1975.

"Hypoactive Sexual Desire" - given to 4th World Congress of Sexology - Mexico City in December 1979.

"Intimacy, Isolation and Sexuality" - given to the Royal Australian and New Zealand College of Psychiatrists 1985 Congress - Hobart in May 1985.

"Psychiatry and Fitness for Work" - given to Australian Government Health Services - 5th October 1989

"I Got an Education & it Wasn't Maths". - The Psychotherapy of an Abused Woman. Paper given to Psychotherapy Section of Victorian Branch of the Royal Australian & New Zealand College of Psychiatrists at Portsea in May, 1992.

"Anxiety Disorders and Phobias". - Given to Workshop on Assessment of Work Capacity jointly organised by the Professional Education Program of WorkSafe Australia, the Australian Government Health Service and Monash University - 13th September 1994.
"Schizophrenia and Other Psychoses". - Given to Workshop on Assessment of Work Capacity jointly organised by the Professional Education Program of WorkSafe Australia, the Australian Government Health Service and Monash University - 13th September 1994.

"Sexual Problems" - Dinner Speech to Victorian Rural Divisions Co-ordinating Unit Conference - Falls Creek- September 1995.

"Rural Psychiatry" - Given to Victorian Rural Divisions Co-ordinating Unit Conference - Falls Creek- September 1995.

"Taking a Sexual History" - Victorian Rural Divisions Co-ordinating Unit Clinical Seminar - Phillip Island - April 20th. 1996.

"Intimacy, Isolation and Sexuality Revisited" Paper given to 1999 Annual Conference of ANZAP (the Australian and New Zealand Association of Psychotherapists).

"Post Traumatic Stress Disorder" – 3 hour seminar and workshop for Australian College of Clinical Psychologists. – Melbourne Clinic –Saturday, 26th October 2002.

"The Expert Psychiatric Witness" –Invited lecture to Australian Government Solicitors – at an AGS Compensation Forum 2008.

INTERNATIONAL RECOGNITION

Included in INTERNATIONAL WHO'S WHO IN SEXOLOGY. (1986) Specific Press, San Fransisco