

Formal Submission into Victoria's Mental Health System

Introduction

My name is Dr. Ruth Schmidt Neven. I am a clinical psychologist and child psychotherapist, and trained initially in the UK where I worked for twenty years both in adult psychiatry and in child adolescent and family services. I came to Australia to take up the inaugural position of Chief Psychotherapist at the Royal Children's Hospital in Melbourne and now work with adults as well as with children, parents and young people. I have published widely in the field and have developed professional training and consultation throughout Australia and overseas. My submission considers that comments about Victoria's mental health system must be taken in context within broader national and international concerns. I identify six factors of significant concern and make several recommendations. I am available to offer advice and consultation in this matter (www.centreforchildandfamily.com)

1. Structural and economic issues

It is an unfortunate fact that mental health services for adults, children and adolescents have become rationalized within a structural and economic framework that favours a retreat from government to provide the necessary services. This has had a devastating impact on mental health services since public services that previously provided assessment and treatment for a wide range of mental health problems are now primarily set up to deal only with those patients whose mental health conditions are extreme and life threatening. Many of these services dealing as they now do with clients with multiple complex problems including drug and alcohol problems, have become de facto forensic services. Patients now must *prove* the severity of their mental illness in order to access services even though they may be suicidal, extremely depressed and at high risk. Preventative services so crucial for mental health are now a thing of the past. If this situation was translated into physical care, there would be people dead and dying on the streets.

2. Privatization of Mental Health Services

The privatization of mental health services has been a contributing factor to the fragmentation and deterioration overall of mental health services. The complexity of mental health problems cannot be relegated to one profession or to a single-handed professional working on their own. The privatization of mental health services has also had an impact on professional training since with limited access to public services, newly qualified professionals whether psychiatrists, psychologists or allied health professionals have no opportunity to serve an apprenticeship in their specialty and develop the necessary skills in working with a wide range of patients and offered appropriate supervision. They are propelled into private practice without enough experience and exposure to the complexities of the work.

3. Diagnostic Criteria and the Drug Industry

There is an urgent need for a paradigm shift in the way in which mental health problems are diagnosed both for adults as well as for children and adolescents. For adults experiencing mental health problems, the predominance of the Diagnostic and Statistical Manual (DSM V) has been less than useful. Professional groups such as the British Psychological Society have called for a greater focus to be given to the psycho-social aetiology of mental health problems and how these interact with biological factors. Several heavily used DSM diagnoses also require more detailed examination with respect to their evidence base. The prolific diagnosis of borderline personality disorder which appears to have become a disposal diagnosis is one such example, It is inevitably associated with a professional judgment that there is no treatment for this condition. Patients who have been 'diagnosed' with a personality disorder should be more appropriately understood as having problems that relate to poor attachment and past traumatic history that is often overlooked. These patients when given the diagnosis of borderline personality disorder, complain that they cannot make any comment or criticism of the psychiatrist who has made the diagnosis, as this will be used as further evidence of their condition.

4 Child and Adolescent Mental Health Services

For children and adolescents, the explosion of pathological diagnoses primarily promoted through the the enormous power of the drug industry have become a dominant feature of child and adolescent mental health services. Many of these so-called 'diagnosed' syndromes are spurious and have no substantive evidence base. However, they appear to satisfy the need for cost cutting and a rationalization of services based increasingly on medication. Evidence from worldwide and Australian research clearly advocates that child and adolescent mental health must be at the forefront of prevention This requires that professional move beyond spurious syndromes and limited behavioral techniques. Professionals who work with children, adolescents and their families need training of greater depth to address the developmental pathways for children and adolescents within a parenting and family context and that recognizes the importance of attachment and bonding in the early years and the impact of trauma. Public child and adolescent mental health services should be available to all children and all adolescents. The failure to provide public preventative and essential services to this group is a scandal that endangers both their mental and physical health and has become in effect a Human Rights and Children's Rights issue.

5. The Retreat of Psychiatry from the Public Sector

The retreat of psychiatry from the public sector has been an ongoing problem in Victoria for many years as indeed in the rest of the country. Psychiatrists have abandoned the public sector for their private practices and the silence concerning this problem has also contributed to the demise of mental health in the public sector. In some cases, where psychiatrists still have some connection with adult or adolescent in patient units, they act

like absentee landlords turning up minimally to deal with medication. In many cases the bulk of treatment falls on the nurses who must deal with patients who may be violent and difficult to contain. Psychiatrists and psychiatry in Victoria do not present or communicate an overall commitment to mental health and their accountability in this area is uncertain in contrast to other members of the medical profession. The cherry picking of patients by psychiatrists and their maintenance of absurdly long waiting lists should be of extreme concern in any review of mental health services.

6. Political Short Termism and the ‘One Size Solution’

Mental health services for adults as well as children and adolescents have suffered from a lack of vision and from the tendency much beloved of politicians to find a one size solution to complex problems in order to be seen to be doing something. The creation of the [REDACTED] service is an excellent example of a ‘one size solution’ in this case, the rush to a solution to youth suicide without adequately assessing the complexity of need. Millions of dollars have been poured into this one project whose long-term efficacy remains unproved, while other existing services are underfunded and under resourced. The fact that the [REDACTED] project is considered a preventative service indicates how far off the mark this decision making was. Preventative services are those that are concerned with children in the first years of life not as late adolescents and young adults when much psychological damage will already have occurred.

Recommendations

1. The re-instatement of publicly funded properly resourced and staffed child, adolescent and parent services that are open to all.
2. A clear separation between services that address forensic issues such as alcohol and drug abuse and general mental health issues
3. A publicly funded adult mental health service available to all that is the first port of call for all patients to provide adequate assessment and case management and formal liaison with community and private services
4. Training programmes for all professions working in child adolescent and adult mental health that go beyond the learning of behavioural techniques. These must promote deeper understanding about a life cycle approach to mental health and focus on relationship building and knowledge about attachment and bonding and the impact of trauma
5. Shared and rotating leadership of child and adolescent as well as adult mental health services that promotes and trains a wide range of mental health professionals in effective leadership. This must put to an end the exclusive monopoly of psychiatrists in leadership positions within these services.
6. Psychiatrists and psychologists should be apprenticed for five years following qualification, in the various public sector mental health services in order to obtain the necessary skills and experience before being allowed to undertake private practice.

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

Organisation Name

N/A

Name

Dr Ruth Schmidt Neven

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

"Mental health services for adults, children and adolescents have become rationalised within a structural and economic framework that favours a retreat from government to provide these necessary services. This has had a devastating impact on mental health services since public services that previously provided assessment and treatment for a wide range of mental health problems are now primarily set up to deal only with those patients whose mental conditions are extreme and life threatening. Many of these services particularly for children and adolescents dealing as they do with clients with multiple complex problems, including drug and alcohol problems, have become de facto forensic services. Patients now must 'prove' the severity of their mental illness in order to access services even though they may be suicidal, clinically depressed and at high risk. Preventative services so crucial for mental health are now a thing of the past. If this situation was translated into physical care, there would be people dead and dying on the streets."

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?

"Regrettably, I cannot identify what is working well in the mental health sector either for adults or for children and adolescents and families. People need well resourced public services that are available to support them to obtain early treatment and support. A major problem is the privatization of mental health services that have engendered an overall fragmentation and deterioration in the provision of mental health services, before even taking into account the question of cost. The complexity of mental health problems cannot be relegated to one profession or to single handed professionals working in private practice. The privatisation of mental health services has also had an impact on professional training since with limited access to public services, newly qualified professionals such as psychologists, psychiatrists and allied health professionals, have limited opportunities to serve an apprenticeship in their specialty and to develop the necessary skills to work with a wide range of patients and be offered appropriate supervision. Privatisation and a business market model of mental health means that many young professionals are propelled into private practice without sufficient exposure to the complexities of the work."

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

"This is a simplistic question to which there cannot be a simplistic answer since the prevention of suicide cannot be considered separately from the broader context of how we promote overall positive mental health. As clinicians we are aware that the origins of suicide lie in a multiplicity of interrelated factors. Research and clinical evidence over more than half a century points to the enormous impact of the early years where economic disadvantage, challenged parenting, poor bonding and attachment and the traumatic impact of abuse create vulnerabilities in children even

before they commence schooling. For this reason we need to prioritise services for infancy and the early years if we are to be truly effective in reducing youth and adult suicide. We also need to avoid the 'one size solution' so beloved of politicians that leads to money being poured into one service at the expense of others. The creation of [REDACTED] is an example of a suicide prevention service that has merit but has absorbed a huge amount of funding although its long term efficacy has not in fact been proven. The description of [REDACTED] service as providing early intervention is also wide off the mark as it has a client base of adolescents and young adults."

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.

"Economic and social disadvantage are foundational factors in promoting or preventing positive mental health as these go hand in hand with inequality of access to education health and housing. These are public health and welfare issues that require to be addressed at the highest political level. When governments are on the retreat from providing adequate public mental health services, this single factor makes it impossible for people to find, access and experience mental health treatment and support. They are at the mercy of a fragmented market business oriented private sector which moreover offers little consistency of care as well as variable professional expertise. Since these private services are so fragmented they cannot link with each other."

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

"The drivers behind some communities in Victoria experiencing poorer mental health outcomes again need to be considered within a broader demographic socio-political context. For example, communities that have been associated with, and financially dependent on, one main industry suffer when the industry closes down taking with it associated support services. Many country and regional areas in Victoria suffer from a lack of proper mental health resources and services because professionals congregate in metropolitan areas. There is a need to create a critical mass of mental health professionals in key regional centres to service people living in rural communities and small towns. Professionals could be attracted to working in these areas by providing particular incentives that enhance their own professional development as well as providing necessary services, such as the provision of a research base, linkages with universities and professional training that focuses on mental health provision in rural and remote communities."

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

"Family members and carers of mentally ill adults are often at a loss to find consistent care and are sent from pillar to post because of the breakdown of public mental health services and the fragmentation of care in the private sector. A public adult mental health service should be the cornerstone available to all as the first port of call for all patients to provide assessment, diagnosis, case management and liaison with community and relevant private services. At present family members and carers can only access help when the person they are concerned about is homicidal or suicidal. There is no attempt at preventative or therapeutic work. Discharge 'into the community' is generally a nightmare for the families of mentally ill people as these services are fragmented and variable in quality. If we want to help families care for mentally ill family members then they

must be included in all service provision in the form of supportive and group therapy and 24 hour emergency access to a help line."

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

" In order to attract, retain and better support the mental health workforce significant changes need to be made in the area of professional development and ongoing supervision and support. In this regard it is relevant to mention the role of psychiatrists who have traditionally been given leadership positions but have effectively abandoned the public sector for their private practices. The silence concerning this problem has further contributed to the demise of mental health, particularly for adults in the public sector. In adult or adolescent in patient units the lack of their full time presence except when it comes to dealing with medication, lends itself to an image of absentee landlords. In many in patient services the bulk of patient care falls to the nurses who must deal with patients who may be violent and difficult to contain. This situation requires a total review of both in patient and out patient services, what level of skill and expertise is required and how we can effectively train a broader multi-disciplinary professional group to provide both care and treatment as well as effective leadership."

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?

"The social and economic participation of people living with mental illness is entirely dependent on the services available for them in the course of their illness. When there is lack of provision of services for people who may relapse or need a more brief intervention to enable them to continue on their life course the likelihood that they will be able to improve their social and economic participation is not high. Without these supports they will relapse more severely, their conditions will become more chronic and they will go from crisis to crisis."

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?

"Public mental health services must be re-instated as a matter of urgency for adults, children, adolescents and families that do not discriminate with respect to patients having to 'prove' the seriousness of their problem. Private mental health services should be an adjunct, not an alternative, to public mental health services. Need to attend to preventative mental health services for children and adolescents since the absence of such provision puts them at mental and physical risk and contravenes the UN Convention on the Rights of the Child (1989). Attend to a paradigm shift with respect to way in which mental health problems are diagnosed to challenge the predominance of the Diagnostic and Statistical Manual (DSM V) and have a greater focus on the psycho-social aetiology of mental problems and how these interact with biological factors. Challenge the dominance of the drug industry and its impact on identifying 'syndromes' of child and adolescent mental illness. "

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

"Since prevention is at the heart of mental health, to reconfigure child and adolescent mental health services as a matter of urgency as a broad publicly funded service open to all, that integrates individual assessment and therapy with services for parents and families To separate

this service from forensic drug and alcohol services To use the model of a reconfigured child and adolescent mental health service in regional and country areas to form therapeutic hubs accessible to schools and community services To reconfigure professional training so that psychiatrists, psychologists and other mental health practitioners on graduation, serve a period of five years in the public sector services before being allowed to undertake private practice Create training and opportunities for leadership from a broader pool of multi-disciplinary professionals "

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

"Professional training overall needs to be reconfigured. Most professional training has not kept pace with years of research findings that have repeatedly demonstrated the importance of the early years, of attachment and bonding on brain development and the impact of trauma on the brain and resulting mental health issues. Much professional training continues to be narrowly focused on learning behavioural techniques without understanding underlying causation and the meaning that experience has for the individual child adolescent or adult. Professionals need training of greater depth to address the developmental pathways that lead children and adolescents into poor mental health and how to respond to these problems within a family and social context."