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

Organisation Name
N/A

Name
Ms Danae Squires

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"I think that the community already has quite good literacy and awareness of mental health issues. I do think that there are organisations that provide assistance in the community who do lack knowledge of what mental illness looks like eg. religious organisations and that people can engage with these organisations without workers actually being really aware of when people are becoming a risk to themselves and others. Obviously there's a disconnect and wariness and history of persecution in some communities that prevent members from asking for help eg. migrant communities, people from CALD backgrounds, people of Aboriginal ancestry. More public examples of people living good lives with mental illness. This includes people from diverse backgrounds who are open about living with mental illness. More awareness of people who work in healthcare and social caring positions who also experience mental illness. Better anti-discrimination in workplaces and better support to re-engage with work during recover"

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?
"I don't see what is already working well because in 17 years of working in mental health and also experiencing mental illness myself I was never exposed to success stories. Also people who recover move on with their lives so you don't see them, they blend back into the community and get on with their lives. What's good: RUOK day? Discussions about mental illness on ABC. What's needed: discussions about mental illness in hard to reach communities eg. mosques, CALD communities, the newly arrived, international students. GPs, pharmacists and community workers need to be able to recognise anxiety, depression and how it manifests in the world. Police are getting better. The problem is that people are time pressed these days. MOST IMPORTANT: community engagement and feeling like people are in a community. If you see someone twice a week you can see changes in mood and behaviour and have a relationship that means that you can ask someone whats happening for them."

What is already working well and what can be done better to prevent suicide?
"oh FFS. Look at what the Scandinavian and Western European countries where people pay fair amounts of tax and get great services do. We need opportunities, more free education, a government and media who talk about hope and empowerment, not ""if you have a go, you get a go"". Opportunities for industrial and economic development in deprived areas from a macro level, not bottom up but top down. It's useless for a fitter and turner or fabricator to be retrained as a fucking barista."

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.

"THE MOST IMPORTANT THING. communities. Urban design that encourages connectedness, a sense of community and a sense of responsibility in community. Having lived in four different countries and travelled in many more. The best communities are ones where people live in public space: Vietnam, Indonesia, Portugal and France are like this. People need community and village hubs that they can walk to and people who know their names. DIFFICULTIES: As a community we are too inequal. People do NOT get the same opportunities that they see others getting, fostering a sense of disempowerment. We do NOT assist people on pensions, Newstart etc anywhere near as effectively as we could and should. Instead we make them feel defective. Not even people working in the sector are aware of options that are out there for support. When community mental health services existed most GPs and community nurses were unaware of their existence. A PHONE LINE LIKE ONES THAT USED TO EXIST FOR AOD SERVICES. Where GPs, family members etc can phone a worker with knowledge of the system and talk about next steps. Incentives for psychologists and counsellors to work in economically deprived areas, it needs to be facilitated. There should be counselling rooms made available in libraries, GP surgeries, churches, schools and gyms. More than 10 sessions bulk billed. Successful talk therapy takes time, 2 years more appropriate. Mentoring in communities by people who have success and have succeeded. "

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

"'- Massive inequalities in social opportunity, access to employment and education - a general lack of social connectedness and support - a lack of feeling of belonging and social connectedness - poor design of new communities - postcode lottery with access to services - services provided in areas where people can afford to pay for them and not in areas where people already experience financial hardship - lack of empowerment and connectedness in communities Addressing: - better urban design to encourage people to get outdoors and connect with their public spaces - more provision of community infrastructure eg. public pools, libraries, skate parks, good looking and shaded urban areas - gathering places for people experiencing mental illness (drop in spaces) - initiatives that encourage a sense of community eg. gardens, skate parks, youth clubs etc (people don't take care of their community unless they're invested in it) - improved public transport - improved medical and social services - access to free and affordable healthcare, family support and education. "

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

"Better and easier access to Centrelink services. A doctors letter should be enough. CENTRELINK makes people feel like criminals and burdens on the system. There should be better use of community hubs so that carers can feel like they have a break. REOPEN and REFUND day programs. Integration takes a lot of work and day programs provide carers with respite. Easier in home care for people experiencing psychotic mental illness and higher needs people so that parents/partners/children aren't responsible for them, including cleaning, shopping and general lifestyle support. Better access to step up, step down facilities. NDIS NEEDS STREAMLINING. The structure of NDIS works AGAINST people and families with mental illness."

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

"I worked in mental health and AOD for 17 years. It was ALWAYS underpaid. There was limited

access to workforce training even with government initiatives. NGOs would be reluctant to provide time off for study and a cert IV in mental health or AOD is as good as a fart in the wind. The lowest paid and qualified people are doing the most difficult and complex roles in MH and AOD. There is massive stigma in MH services against people with comorbid disorders. There is no course facilitated by universities to give people who work in the system avenues to qualifications in nursing, social work or psychology. I became so used to trying to build rapport and establish relationships with people who were very aware of their expertise and and very precious about information sharing. This resulted in events like people threatening us with knives because the workers who brought them into our service did not apprise us of risk. Workers are often reluctant to make people from other organisations aware of risk because confidentiality. I found out six months into working with a client that he had been incarcerated in Queensland due to stabbing killing of a partner. There was no record on Victorian CMI because this happened in Queensland. When I would call MH services about assessing risk of clients I often wouldn't be told about pertinent risk due to confidentiality concerns. When I was working in homelessness at least 3 times Salvation Army engaged lawyers to try and force us to let people use our service who had been asked to leave due to threats, assaults of workers and other service users and damage. Organisations like the Salvation Army are part of the problem. Bullying is rife in mental health services. Constant change, constant under-resourcing, constant blaming of workers for systemic failure WHAT'S NOT TO LIKE? BETTER PAY, BETTER ACCESS TO EDUCATION, MORE PATHWAYS TO ACHIEVE, BETTER FACILITATION OF PART TIME AND FAMILY FRIENDLY WORKING. Less bullying and corporatisation of mental health services. I told workplaces that I had an external supervisor (tax deductible) but they refused to sign a letter saying that I had an external supervisor (because they already provided supervision). In no place that I have ever worked is it accepted that external supervision is beneficial. The fact is that supervision internally is often a place where bullying happens and it is NOT confidential because of the nature of organisations. "

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?

"YOU PEOPLE ALREADY KNOW WHAT TO DO!!! There are so many studies on this. NDIS needs improvement. People need to get access to this and it needs to be straightforward. NDIS asks that disability be permanent. We all know that this is not the nature of most mental illness. We need community housing options. We need people to be housed in facilities like the old Royal Park. De-institionalisation has resulted in homelessness, isolation and early death for so many people. People living with mental illness can achieve so much. Basically people require options, community, opportunities through free education and ongoing support not time limited, brief interventions and disconnected care. People who don't qualify for the NDIS need bulk billing specialists, bulk billing neuropsychologist and occupational therapy assessments. There needs to be two year interventions not 10 week. There needs to be space in treatment for a number of diverse treatment models. CBT does not work for everybody and not everybody is capable of understanding the recovery model. Centrelink rules need to be relaxed. It's impossible to have secure, adequate income and how much does poverty exacerbate mental illness. It's a horrid joke."

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?

"1. workforce enablement and free degree and masters courses for people wanting to upskill. In the NHS in early 2000s people could be backfilled 3 days a week, complete a nursing degree on their current wage which enabled administration staff and porters to upskill to nursing qualifications Free degree courses for nurses, psych nurses, counsellors, social workers and psychologists in exchange for 4 years graduate work in the public system. 2. 24 hour information service for people to call and plan ahead with non judgemental consultation and checking back in to ensure continuity of service. 3. Universal registration and codes of conduct for community workers. 4. Re-establishment of therapeutic communities for people to live permanently with support. 5. PROPER counselling training for people working in counselling positions. 6. Higher wages and family friendly workplaces. 7. Centrelink needs to remove barriers to disability pension and people need to be able to hop on and hop off according to where they are. 8. Housing housing housing. 9. Re-establish open houses and day programs attached to community centres and neighbourhood houses. Integration into society is exhausting and until everyone in the community understands the nature of mental illness it's unreasonable to ask them to sit next to someone responding to voices every day. 10. Bulk billing specialist appointments and assessments. 11. Enable counselling/psych services to occur in libraries, community hubs and GP surgeries in disadvantaged areas. 12. More community engagement through religious communities, Indigenous and CALD communities. 13. More stories of people living lives with mental illness. 14. Not everyone in our society needs to work. Some people will always require support. That should not be controversial and they should not feel stigmatised as a result. 15. Mental health services need to be equipped to double as specialist AOD services. Too many people fall through the gaps between. 16. NDIS CANNOT handle all community mental health services. The two modalities clash. Not all mh problems are permanently disabling and people need to ""hop on hop off"" according to need. 17. More assistance to carers including provision of everyday services in the home and respite communities. 18. PLEASE SORT OUT CENTRELINK. WE ALL KNOW WHY ENGAGING WITH CENTRELINK IS DELIBERATELY MADE DIFFICULT IN ORDER TO DRIVE PEOPLE FROM THE SYSTEM. 19. More collaborative assistance. A national CMI. The ability to share information across services being improved, opt out rather than opt in. 20. More workers: People should NEVER have case loads of 60 people. That's ridiculous. 21. Services provided in police stations for people who cannot be served anywhere else. 22. NGOs need to be overhauled. There's so much that state governments don't learn because issues in the system are not reported. Workers who are bullied, threatened and assaulted in community settings leave due to pressure from management. The amount of internal abuse and endangerment of workers in NGOs is extreme and it's not reported. Workers leave traumatised and burnt out and networks and relationships that take years to build are lost. 23. CAT needs to do their job. Mental health services become about gate keeping and controlling flow rather than providing a service. 24. Integration with criminal justice services. Prisions are new asylums."

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

"More money needs to be in the system. We also need to really begin bulding housing and the design of public housing needs to be community friendly. We don't need any more ghettos. Pressure should be placed on counsels to only approve socially and environmentally adequate housing developments. The new suburbs being built now are the Dandenong Souths of the future. Place pressure on the government to reform Centrelink so it actually serves the community. Send educators to GP surgeries and engage practice managers, GPs, pharmacists and nurses to at least know where to get information if they need it. Reform confidentialty rules. More family inclusive practise and education about service networks. Give more money to statutory mental

health services to increase workforce. Fund free degree courses in exchange for four years work in public system. Increase wages and stipends for ongoing training. Anyone who engages in counselling and coaching services requires professional membership. There are too many people working in those roles who are incompetent. Increase bulk billed service terms for health care card holders to two years. Start designing therapeutic communities along the lines of CCTs. Some people cannot live in community and that is nothing to be ashamed of. Enable counselling and coaching training for peer workers as well as external supervision. Too often internal supervision is terribly done and used for abuse and control rather than to grow workers."

Is there anything else you would like to share with the Royal Commission?
"There is so much. I don't work in the system anymore. I'm out. I experience mental illness and being a worker in the system exacerbated this. It wasn't working with clients, it was being subject to systemic issues in NGOs including bullying. Too often you had to massage statutory service staff egos in order to obtain service. Too often CAT decided that the situation you were in was too risky for them to engage but you would then be told that you didn't have the expertise to question their judgement. Hierarchical systems in mental health mean that the most difficult work falls to the least able workers. People cannot heal if they don't have safe spaces. Asking someone without income or housing to make behavioural changes is impossible. I've been threatened, punched and stalked by clients while working in organisations who either made issues worse or , at best, did not know how to handle them. NGOs need state auditing, if they're getting state money they shouldn't be able to hide behind false reputations of servicing the community and letting their incompetence continue. Peer workers need effective training and supervision. I've seen so many of them mistreated and patronised even by community organisations. I've never felt so much like a client as when I was engaging with Matchworks after leaving mental health work. Knowing that you're not sick enough for a DSP but not well enough for 25 per week work means a double bind. I'd been paying tax for 30 years and being made to feel like a criminal, malingerer and wastrel was awful. Government support is a RIGHT and people should not be made to suffer for it."