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

SUB.0002.0032.0086

Name

[redacted]

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

"Emergency Department triage to not judge someone's presentation based on their mental health history. Need for ED staff to be trauma informed care focused. https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-016-0141-y Have consumer peer support workers in ED's. Stigma of mental illness versus physical illness .. I was a member of the [redacted] for approximately six years. I experienced a twelve day inpatient admission in the [redacted] Another member of the committee was also in hospital at same time, she had a physical condition and received flowers I didn't. Working in inpatient care, I note it is rare to see flowers in a patient's room. Working as a consumer peer support worker on an acute inpatient unit many people I connect with tell me of their traumatising experiences with police, of verbal and physical abuse, restraint, lack of compassion, lack of understanding, demeaning. I recall an episode where I was psychotic with a member of the community calling police, a family member was also present. To this day I shudder with the memory of the words one of the officers said to my loved one Forget about her, she'll never get better. Even though I was spaced out, delusion those words were etched into my brain. Those words also were a contributing factor to the stigma I experienced from loved ones who didn't understand my mental anguish. To be spoken of so disparagingly by the police added deeply to my suicidal ideation. Approx. 2016-2017 I was a committee member ([redacted] representative) of the [redacted]. The purpose of this group is to bring a stakeholder and community perspective to the review and development of policies, processes and initiatives to enhance and improve interactions and engagement between Victoria Police and the Victorian community. During the time I sat on the group, we attended the Police Academy twice to sit in on the half day mental health training module. In this brief training cadets were given explanations of behaviour's people may exhibit when mentally unwell. With the increasing call outs to people with mental health issues I think it is absolutely urgent for the mental health component of police training to be revised and to be of at least a week duration with input from the mental health sector, eg. Mental Health Victoria, VMIAC, Spectrum, Blue Knot Foundation, Heal for Life Foundation, BPD Community etc and vital to incorporate Trauma Informed Care training. "

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?

"Encouraging Government initiatives: Introduction of the Expanding Post Discharge Peer Support Program initiative The Victorian Government provided funding in 2017? to specialist mental health services for the Expanding Post Discharge Support initiative to provide additional post discharge supports to people with complex mental health needs, following an inpatient admission, using a peer support workforce model, thereby reducing the demand on inpatient services. Emerging evidence that a peer workforce can have a positive impact on consumer, family and carer

outcomes. Being able to transition safely and securely from an acute inpatient setting and become re-established and connected in a community environment is a major factor in enabling people to remain well and out of hospital settings. The Expanding Post Discharge Support initiative provides a new approach to the provision of post-discharge support. This approach utilises trained consumer and carer peer support workers to provide tailored support in the immediate post-discharge period, to reduce the likelihood of readmission to an inpatient unit. file:///C:/Users/G/Downloads/Expanding%20post-discharge%20support%20resource%20(1).pdf Safewards https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/safewards I'd like to encourage representative/s from the RCMH team attend the upcoming TheMHS conference to learn of the many programs etc working well across Australia. https://www.themhs.org/annual-conference/ What can be done to better prevent mental illness? Statistics indicate the majority of people admitted into an acute inpatient unit have experienced a sexual assault before the age of 18. As a consumer peer worker on an acute unit I often engage in conversations surrounding childhood trauma. For many their treatment is the revolving door of services, forced to be guinea pigs to take cocktails of different medications causing horrendous side effects, retraumatising experiences when on an inpatient unit, being secluded, restrainted, forced to have ECT, their rights taken away all ignoring the elephant in the room. For many, when they connect with a peer worker who may share a similar history they open up, sometimes for the first time .. because they feel heard they feel validated. This hopefully can plant a seed of hope for recovery and the desire to seek support following discharge. I endeavour to give information on peer support groups, however feel the disdain of my workplace as the supports I offer are not clinically based. I urge the RCMH to recommend for peer support organizations to be funded with the ability to remain true to their values and model of care, without needing to adjust to funding requirements which often diminishes the authenticity of such groups. The feelings of validation I received from the Heal for Life Foundation and ASCA (Adult Survivors of Child Abuse) prior to becoming known at Blue Knot Foundation were my life savers. Nothing in the clinical setting helped me, it all sent me spiraling further into dark despair. It was learning about how trauma effects the developing brain etc, that my feelings of hatred, guilt, shame, worthlessness, etc began to make sense and then to dissipate. I began to realize that I was not in effect mentally ill, but having normal reactions to abnormal and bad things that happened to me. I feel the following quote is powerful in responding to the questions on preventing mental illness and addresses part of qu. 3. what can be done better to prevent suicide? -Need for increased awareness of the impact of childhood trauma and adverse childhood experiences. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en -Quote: Imagine a society afflicted by a scourge, which struck down a quarter of its daughters and up to one in eight of its sons. Imagine also that this plaque, While not immediately fatal, Lurked in the bodies and minds Of these young children for decades, making them up to sixteen times more likely to experience its disastrous long term effects. Finally, imagine the nature of these effects, Life threatening starvation, suicide, persistent nightmares, drug and alcohol abuse and a whole host of intractable psychiatric disorders requiring life-long treatment. What should that society's response be Dr. W. Glaser, Consultant Psychiatrist At the University of Melbourne continued in his keynote address at the Australian Criminology Forum in 2007, saying that the scourge of child sexual abuse has accounted for probably more misery and suffering than any of the great plaques of history, including the bubonic plague, tuberculosis and syphilis. its effects are certainly more devastating and wide spread than those of the modern day epidemics which currently take up so much community attention and resources, motor vehicle accidents, heart disease and now AIDs, Yet the public response to child sexual abuse, een now is fragmented, poorly co-coordinated and generally ill-informed. its victims have no National AIDS

Council yo advise Governments on policy and research issues. They have no National Heart Foundation to promote public education as to the risks of smoking and unhealthy lifestyles. They do not have a Transport Accident commission To provide comprehensive treatment And rehabilitation services for them. "

What is already working well and what can be done better to prevent suicide?
"As per question 3"

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.
"Lack of cultural sensitivity Culture of area mental health services, area managers diverting Government funding for specific disciplines diverted elsewhere eg. Some discipline roles not advertised, despite funding for those specific roles. Lack of transparency, no public accountability. Area managers get bonuses at expense of cutting costs to services, resulting in stress for workers who feel unsupported by management and frustrated with the ensuing barriers in being able to provide optimal care. Bed management issues, area boundaries Certain diagnosis are not synonymous with good mental health care, with Borderline Personality Disorder being a red flag for despicable inhuman treatment, as I personally experienced and I continue to witness daily on the inpatient unit. Despite rhetoric of recovery oriented services and trauma informed services etc on the ground they are not. It is quite the opposite due to the medical model the whole mental health sector operates in. To be honest, I cannot foresee the changes I and many of those I connect with, consumers, families/carers and support groups etc dream of within the constraints and prison like environment of the medical model. Having attended six days of the RCMH community consultations in the capacity of offering peer support with VMIAC I second the majority of comments participants made to this question. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Cultural issues Regional issues, lack of services, lack of privacy due to smaller populations Umemployment Social isolation Need for increased funding so that marginalized communities have access to services. "

What are the needs of family members and carers and what can be done better to support them?
"To be involved in their loved ones care, to be informed by treating team with permission of consumer To be offered carer peer support and told of carer support services in the community To receive psycho-education on their loved one's condition https://www.nwmh.org.au/get-help/what-expect/support-families-carers Had my family received support when I was unwell my marriage may not have ended and I may not have had to daily live with the pain in my heart of not seeing my eldest son since 2006. The impact of the trauma he experienced as a young child as the eldest of my three children in having numerous times needing to call an ambulance for me. To bandage me up, coming home from school wondering if I'd still be alive has scarred him deeply Although I now consider myself mentally healthy, my son remains estranged from me, his father and his two brothers. It is my biggest heart ache. "

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?
"Funding for lived experience workforce to undertake training of their particular interests, that will assist in their work and for their self care. Eg. eCPR (Emotional CPR), . The times I have requested time or financial assistance to attend training have been answered by my area manager with comments that other staff, doctors, nursing staff etc are limited in training opportunities thus why should the lived experience workforce receive more training, even though I have only requested a couple of days. The key selection criteria to be a peer worker is having lived experience of using public mental health services or a family member/carer of people with mental health issues. Having lived experience is the expertise we bring to our role, despite any other educational qualifications we may have, that don't usually even get a mention in interview or when on the job. The clinical workforce come backed with their academic expertise, gleaned over years of study (and any lived experience they have is not at the forefront of their work). Thus my point is that peer workers need to be supported with trainings, eg. Intentional Peer Support co-reflection trainings etc. It is unfair, humiliating and degrading to feel like a beggar when asking for permission to do something that will assist in one's role, thus being able to offer even better care for others. I use annual leave days and pay my own fees when attending workshops etc that I feel will assist in my work."

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?

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?
"Drop In centre's are vital, provide sense of belonging and social connections, thus higher probability of staying well Peer support workers in drop in centre's facilitating groups and encouraging participants to facilitate groups, share and learn skills Security guards in ED and who are called onto inpatient units to receive mental health training, trauma informed care training. Day centres with groups facilitated by trained lived experience workers and other modalities, eg. art/music therapists Investigate peer led services ."

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

Is there anything else you would like to share with the Royal Commission?
"I was undertaking work that was so contradictory because it wasn't agreeing with my principles and the way I was looking at Recovery. So all the paperwork, the treatment plans we were doing, working with psychologist, psychiatrist's clinicians everywhere, I was going, this never worked for me I felt like I was doing a disservice to clients because I'm wanting to say, There's a better way to do this. I was really battling a lot of demons thinking, This is not what I want to do, but here I'm out delivering you a service that I don't believe in. (Recovery as a Lived Experience Discipline: A Grounded Theory Study. Byrne L, Happell B. 2015) There are countless reports, plans, consultation documents with recommendations, mental health standard etc etc. I trust these will be revisited by the RCMH as they all contain valuable recommendations gleaned from thousands of people with the lived experience of receiving mental health services, being a carer and of those

employed in the mental health sector. This humble simplistic submission supports those submitted by organizations compiled by those who identity with a lived experience. Investigate peer led services within Australia Investigate psycho-social holistic models of care, where medication is last port of call for treatment. "