

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

Organisation Name

Peninsula Carer Council Inc.

Name

Peninsula Carer Council Inc. Denise Hassett

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

"Media Education, Positive TV advertising. Community, workplace, and school education, to give correct perspective and accurate definitions of the variety of Mental Health conditions, "

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?

"From the perspective of our carer group, very little is working to optimum requirement. Expand Headspace services to ALL age groups. Early intervention and recognition when there are signs of Mental Health Issues. Provide services which are effective, accessible, function well and are available 24/7. "

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

Outreach and Early Intervention. Psychological support in schools. Bulk billing of all services for Mental Illness. More services needed in rural areas. Ensure equitable and consistent services Statewide..

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.

"Too expensive to access appropriate help for many people. Address the Homelessness issue. More well trained staff and continuity of treatment. Involve the unwell person, Carers, and advocates in hospital admission, treatment, planning and discharge.. Engage with them. They are a wealth of knowledge which cannot be obtained in a 30 minute interview. Where to go when a person has a first episode (000? or GP ? ???) Networks need to be linked to appropriate services. "

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

See Above

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

"Funding for small organisations that support carers and families. Group activities, and support centres. Carer Consultant who is available to carers, and hands on, and not solely in an administrative role. A Carer Consultant, a valuable resource to train peer workers and give clear direction and links to support services. Clear Information for access to services. A clear discharge policy, and follow up and support for accommodation and care. Financial assistance with accommodation for everyone diagnosed with severe Mental Illness. NDIS package for all people

receiving a Disability Support Pension."

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

"Increase Pay, More workers with appropriate training and qualifications. Aptitude test for all levels of people working in the field. More research into interstate and overseas training programmes. Adoption of best practice, i.e. Open Dialogue Approach."

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?

"More Outreach to vulnerable and disadvantaged people enabling them to access the services. Education to the wider community. Schools, Community Leaders, Employers, General Public, to overcome current misunderstanding and discrimination. Ongoing support for people in employment. "

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?

"Fund Active Support Agencies. Acknowledge new research and successful practices which are working overseas. E.G. Open Dialogue Approach. Effective admission and discharge policies involving the Patient, Carer and significant support person. Taking time for correct diagnosis and treatment. Supported and well planned Clinical and community care after discharge. "

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

"Access to NDIS and My Aged Care. EQUAL TREATMENT OF MENTAL AND PHYSICAL HEALTH. Include carers - Carers are under immense stress with related health issues. Increase funding, Employ more suitably qualified staff. "

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

"Open communication with Carers and person with Mental Illness. Implement Open Dialogue Approach for all involved. Outreach to vulnerable, disadvantaged people who are unaware of resources and services. Engage and include the elderly and young people in supporting people with Mental Illness. Access to treatment: Be treated where you are, regardless of catchment area. Equal treatment of Mental and Physical illness. E.g. A young man was suicidal. He came home to family, but was refused treatment at a local hospital because he was 'out of area' to where he was living and attending university. He drove into a pub at 100kpm that night. Compare- a person suffering a heart attack would be taken to the closest hospital. "

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

Treat People with mental health issues as you would with physical health issues

Make mental health, which is currently the poor cousin, equivalent to that of physical health. – Fund it the same, and allow people to go anywhere for treatment, as they can do for physical health issues.

2. 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?

The Mental Health Nurses worked well, and helped a lot of marginalised people. It was a good way to provide ongoing support and monitoring of people with serious mental illness.

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

4. 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.

Being part of society, feeling connected, included and accepted in community.

Explore alternative models to keep people well, such as the Clubhouse model – where people become members, work at their own pace with the help of peers, and move into the broader community when ready. They can return to the clubhouse whenever they need to, or can remain members as a support mechanism.

Reduce attendance at ED and hospital admissions with alternative approaches. EG. Out of hours services rather than just 9 to 5 services would help greatly. There was a café running near St. Vincents hospital where people could go if feeling isolated, vulnerable and/or unwell. This may help people to stay well and avoid a crisis.

New Programs, such as Consumer Operated Services (COS) and Peer Operated services (POS) which are organisations run predominantly by peer workers. There are a number of examples in Queensland. There have been anecdotal reports that crisis presentations to emergency services have reduced for the target. An example is Brook RED (<https://www.brookred.org.au>), which has been operating in South Brisbane for fifteen years. This organisation has 3 centres, a number of services, including a residential space, where people can spend a few weeks working towards recovery goals. They are a peer-managed, and operated community mental health organisation.

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

A shortage of psychiatric and mental health support services.

More funding for community mental health services, Community inclusion. More support for carers and open communication with health professionals.

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

What families and carers most need is a properly functioning mental health system, Guaranteed support and assistance when a family member is not well.

Inclusion in all stages of admission, treatment and planning, where possible – at the very least to be informed about what is happening, and where and when the person will be discharged.

Needs vary, depending on the carer, but many need support at different times of their journey. Information and support, and often respite. Support needs to be flexible to meet different needs.

An improved mental health system will reduce the stress on carers day to day, and when a crisis occurs.

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

More flexible working condition.

A system which is properly resourced, which will reduce stress on the staff. Debriefing for staff.

More training in respect, care and compassion as core values for working in the field.

8. 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?

Accommodation is fundamental to maintaining good mental health .Sustainable accommodation, accessible public housing or equivalent. Treatment will not be effective unless a person has somewhere stable to live. Sustainable accommodation, even with support, will cost the state less in the long run. Different levels of accommodation are required. Some people need a lot of daily support, some need a little support, and some may not need any at all.

Sustainable employment: Employment is one of the most important things for people to feel that they are part of society. Governments talk about employment, but little is done to encourage suitable employment for people with mental illness.

This could include flexible working arrangements, part time work and an inclusive atmosphere where people are able to take a day off here and there to avoid a crisis. This way society can benefit from the contribution of people with mental illness.

9. 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?

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

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

This is an addendum to our previous submission which we posted to the Website before we could alter, due to some web page problems.

The Peninsula Carer Council was launched and incorporated in 2005, with the Mission to try to ensure that every carer of a person with mental health issues living on the Mornington Peninsula would know about resources and services which would support, inform and encourage them to meet the great challenges of the caring role.

The Peninsula Carer Council Inc has 154 registered members, ranging in age from 35 to 85. We have no recurrent funding, and we are entirely staffed by volunteers. We provide a monthly Monday evening Support Meeting for our members, A monthly Morning Coffee and Chat for our carers and their loved ones, a 1300, 24/7 helpline. 1300550962. Our Web page is www.peninsulacarercouncil.org.au. Email info@peninsulacarercouncil.org.au. Our office space is provided by Headspace, Frankston, and we are in attendance each Thursday for any of our members who wish to drop in.

Our objectives:

To work with professionals, service providers and carers with mutual respect and to keep our members informed and supported in their caring roles.

Our concerns are

:The Inequality between treatment of people with mental health issues, and people with physical issues.

Access to early intervention, services, and ongoing support.

Lack of clarity on Discharge policies

Staff Training.

Difficulty in accessing advice and referral: No face to face Carer Consultant. The previous role of carer consultant undoubtedly prevented tragic consequences.

There is a need for wider community understanding of mental health issues.

Stigma is still widespread, exacerbated by the media.

We see frequently the isolation of carers and the ignorance of the enormity of the carer role.

We are also aware of the gaps in outreach to homeless, vulnerable people with untreated mental health issues, who have no one to advocate for them.

We would like to see successful overseas programs implemented here – Open Dialogue Approach, from Scandinavia, which is now in Europe, USA and UK.

The Person with mental health issues, the carer and /or significant others, all need to be involved in treatment and on-going support. Expensive initially, but ultimately fund saving and will improve the quality of life for the whole community.

We have included comments (verbatim) from some of our carers at a recent support meeting.

Also a copy of one of our Annual Reports, FYI

Privacy
acknowledgement

I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.

☒ Yes ☐ No

PENINSULA CARER COUNCIL INC.

(Building bridges between carers and mental health services)

Certificate of Registration A0046150R ABN 59526865481

PCC SUPPORT MEETING:

CARERS COMMENTS AND CONTRIBUTIONS.

We received 14 submissions.

1. Get information from family/Carers and friends at the start. Begin treatment as soon as a person is beginning to become unwell. Not wait until they are severely unwell. Offer case worker/social worker or peer worker/ Psychology – on going for everyone – patient, family and friends. Train Police/Ambulance to recognize mental illness and be educated that it is cyclical – the unwell person may sound coherent – yet put in to context it is not probable – 30 mins later they flip into unregulated emotional state. Educate/train hospitals that mental illness is cyclical – have hospital to do early intervention. Bulk bill all appointments and pay rent for all people diagnosed with serious mental illness. Be able to go to the nearest hospital, as you do with a heart attack. – Not to be refused treatment, but sent back to your area – what can and does happen in the interim is frightening and tragic.
2. A definite discharge plan – Not a revolving door” Transitional housing upon release, prior to going home, to prevent readmission after discharge. Carer involvement in discharge plan.
- 3.

We need to understand the difference between physical illness and mental illness so that we can treat the problems appropriately. What solutions work for one will not necessarily work for another.

4. I would like more help for young people, especially when they are in denial of their mental problems. We as a family can observe 24/7, but are helpless to do anything positive.
5. Mental illness should not be death sentence. There are no services for people with severe mental illness, not treatment or support. We need a skilled, expert, mental health workforce of multidisciplinary teams in local mental health hubs, which have a front door to access the range of required to address physical and mental issues and support families and carers in a practical, ongoing way. Change in-patient settings to safer settings. Police need better training. Stepped care is a theory.
6. Support the patients when they leave the hospital. Detailed discharge papers involving carers and community supports.
7. Official recognition of Carers role. A fully integrated Mental health system where the whole person is taken into account – physical and mental. Every person who is admitted to a mental health unit is to have a discharge plan. Continuation of care.
8. Lack of recognition of the link between how mental health issues are affected by physical health issues - which have a negative effect on mental health – which has a negative effect on physical health. Lack of holistic approach to treating mental health. Carers to be involved when an admission to hospital is done as they have the most knowledge about the person being admitted. Remove the geographic boundaries which deny access to Mental Health services.
9. 1st. Equal care and treatment for mental health issues and physical issues. 2nd. Return of the Carer consultant, face to face interviews for carers BEFORE serious incidents.
10. March 2019. When a person with schizophrenia family call CAT team, the Peninsula Health CAT Team, [REDACTED], told me my brother doesn't suffer from schizophrenia. Psychiatrist diagnosed. He does have it. Because [REDACTED] had a smell of alcohol, she decided the best place was a police cell at Frankston. His psychosis was due to a change in medication, and had not long enough time to be effective. He shouldn't be put in a police cell. April 2019. Psychotic episode. Taken to Monash hospital by ambulance. Police in attendance – took Jeff to emergency department: they had no

beds and wanted to send him home. Family said NO. He was placed in P block. It took 2 weeks for a doctor to return my call. – set up a meeting. [REDACTED] discharged high on Valium, too groggy, sent home. Two days later back in Monash – sent to Dandenong as failed discharge. Monash failed induty of care, kept giving [REDACTED] Valium whenever he wanted it. Listen to carers, return phone calls, communicate with family. Don't send home when family say he is not ready. No level of support.

11. Don't discharge people who aren't well. Include carers in wellness plans
12. When you visit the hospital the parking bill sends me mental. But everybody is helpful to us.
13. I have been living with a person with mental illness for over 40 years (my son). Initially it was a real challenge but when I learned to cope with it and understand the situation (as much as you can) it settles down. It boils down to this, without discipline, and the help of others, a person with the illness is impossible.