

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

Organisation Name

N/A

Name

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

"In my view, I have to separate this question into two parts - the 'city' and the 'country'. Mental illness is one of the last frontiers of discrimination. We are a long way from becoming equals to those without a mental illness. The community is split. There are probably four loose groups: 1. Those that have a mental illness - say 25%; 2. Those that know someone, live with someone or care for someone with a mental illness - say 50% (inclusive of the 25% above); 3. Those that do not know anyone with a mental illness but have some sort of idea that it is a problem - say another 25%; and 4. Those that do not understand mental illness at all, have never experienced it and consider it to be made up - say the final 25% of the population. It is very hard for me to consider the country folk. In some ways, they may have a better understanding of mental health issues but do not identify them as such. They see it more as 'Joe is having a rough patch' type scenario than specifically depression. In addition, with the limited access to mental health services in the country, it is harder. However, and perhaps this is my own imagination, I get the impression that when there is a problem in the country, people help out. They bring meals, look out for each other and are well aware of the risk of guns and suicide. The city is more fragmented. People do not look out for each other in the same way. They are more guarded. Really the question that this part of the survey asks is three. Suggestions to improve understanding, suggestions to reduce stigma and suggestions to reduce discrimination. In the United Kingdom, they rolled out a massive program to educate the public on mental health. Somewhat like the billboards that are at tram stops. Improving understanding is complex. Mental illness is impossible to see unlike say someone in a wheel chair. Only the person who is mentally ill know that they are mentally ill (and sometimes not). It is for them to share that. When I first came out as a gay man some thirty years ago, whilst there was understanding my friendship base remained relatively stable. Even now as we have the football player who is litigating citing religious freedom for his \$10million case against Rugby Australia, there is understanding but the public seems divided. As to him, it is not a matter of whether someone is homosexual or not. He was warned. He ignored those warnings. The Code of Conduct is clear. He breached that Code of Conduct. His contract was terminated. Coming out as mentally ill was a whole different story. I lost 90% of my friends. They did not understand. Understanding only comes through education. In theory, it would be useful to perhaps redefine mental illness and switch it to mental health such as physical health. Each school should be equipped with a mental health officer. Advertising campaigns should be implemented such as 'Have you checked your mental health lately' similar to bowel cancer or other illnesses. Stigma is complicated. Taking a definition of stigma from the web 'Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype).' Being mentally ill can actually be a disadvantage. It is a personal trait but generally genetic. So if we take it that mental illness is a disadvantage rather than something that is 'thought to be' a disadvantage, then that is perhaps the starting point. The next step in the process would be then

to overcome the 'someone' who views the mentally ill person in a negative way. It is sometimes hard to see positives in mental illness. Removing stigma therefore would be to teach the 'someone' that whilst mental illness is a disadvantage, it is no worse than any other disadvantage. No one is born perfect and we all have disadvantages. Mental illness is just one part of a person. Therefore the 'someone' needs to see the person as a whole with advantages and disadvantages. Discrimination comes from lack of education. But everyone has a part of them that discriminates. If I use myself as an example, I lived in Sydney for a long time. For whatever reason, I developed a dislike for Jews. When I moved to Melbourne I decided to live right in the middle of the highest Jewish populated suburbs. My doctors are Jewish, people at the shop are Jewish. My discrimination has for the most part been eliminated. The comparison to Judaism is a good one. People will say 'I don't mind Jews but I hate Israel'. They justify an ongoing discrimination. To overcome discrimination will have to be at the hands of the Government. Just as the Labor party implemented a policy that 50% of people employed in the public sector must be women, the same could apply to people with mental illness. A broad policy of 20% of people with a mental illness must be employed in the public sector could be introduced. "

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?

"This is an interesting question and again divided into parts. What is working well? What can be done better? What can be done better to prevent mental illness? What can be done to support people? What can be done to support people to get early treatment and support. The corporates are working well. Their staff are well trained in mental illness and understand it. At the front line, they are compassionate, take a softer approach and treat people with a mental illness with respect. On the other hand, the police need a lot of education in mental illness. Equipped with the power to section people, the police must not use this sword liberally. Just like GLBTI officers in every station, mental health officers should be at every station. Not for the police themselves but for the public. They are improving. Prevention of mental illness is difficult. Advertising blitzes are useful. Things like 'Feeling blue for two weeks? See you GP'. There is widespread use of anti depressant medication. Whilst a front line defence, people don't like to take 'pills'. Perhaps further education paid for by the drug companies (10% of profits) as to how their drugs work, why their drugs work and what benefits they have. Lifting the mask on medication is a priority. In my view, █████ and █████ are just not working. I once telephoned █████ and was on hold for 30 minutes. I once wrote to Julia Gillard personally at Beyond Blue about a matter that was clearly in the domain of mental illness. I received a response three months later saying 'we don't take on individual cases'. My question is - what does Beyond Blue do? If they are not taking on individual cases then what are they doing? Lifeline clearly needs a massive injection of funding. Calls must be answered immediately. As to early treatment and support, both the individual with a mental illness and those surrounding a person with a mental illness need to be pushed. A day was introduced where people were requested to ask others 'Are you okay?'. I was at the corner shop when an accountant came in. He said to me 'I suppose I am supposed to say 'r u ok'. I was extremely offended. He treated it as a joke. "

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

"Suicide or self harm is obviously the worst case scenario. There are steps to suicide. Feeling blue, suicidal ideation, formation of a plan, carrying out that plan and in the worst case - suicide. To stop suicide, there needs to be an overhaul of the message. The 'you will be okay' comments are not useful. Advertising and education needs to be clear. If you are forming a plan to commit

suicide ring an ambulance. Ring 000. Don't wait. "

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.

"Good mental health is a back to basics approach. Shower daily, shave, brush you teeth, eat at least one meal a day, drink water. How this is provided across society is difficult. People who are in difficulty are often isolated, have no one to turn to and therefore the 'quicksand' cycle can begin. For instance with myself last year from three months from early September to December I suffered a serious depression. I could not get out of bed, I didn't eat, I didn't shower, I didn't brush my teeth. I know very few people in Melbourne. No one offered support. Programs like Neighbourhood Watch could be useful to link neighbours. Fortunately now I have established relationships with some of my neighbours. I can call on them if there is a problem. As to how services link, there seems to be very little information about anything except Beyond Blue and Lifeline. Local Councils need to provide support for people who are experiencing poor mental health."

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

"Whilst poor mental health is across the spectrum of society, the poor and the weak seemingly have worse mental health than perhaps others. The percentage of people in jail with mental health problems is enormous. Drug use and other substance abuse including alcohol are often comorbid with mental illness. People in rural Victoria can be greatly affected by weather patterns. Young GLBTI people in the country are often the subject of bullying and discrimination. In reality to address the drivers perhaps further education in schools. Specific subjects that relate to mental health. A subject like physics is hardly useful to someone who subsequently becomes an accountant. Or perhaps mental health can be built into health overall in a holistic approach. "

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

"This I do not know as I have the mental illness. I suppose all I can say is that my mental illness being Bipolar II illness has been highly destructive on family relationships. I do not have a relationship with any of my siblings. I do have a good relationship with my parents. Families are complex and many are dysfunctional in any event. Mental illness makes things harder. Support could be somewhat like the Victims of Crime program in that it is not limited to money. Holidays for carers, time off and money. The clear thing that needs to be done is that Medicare payments to psychiatrists need to be doubled. As this is a State Royal Commission and the Government is Labor, there is no way that the Liberal/National Government federally will do anything Victoria asks. However, the State could perhaps introduce a program where psychologists are paid for. There is a big gap here. Of course, it would be great to have lots of money. The clear needs are the front line. The CAT teams, the Police, the hospitals and the psychiatric facilities. Less money for meetings and research and more money for people actually doing things. "

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

"Some people are naturally attracted to this sector. For instance, I recently met a woman who was starting a job at the needle exchange program locally. Others are nurses. The workforce would

include psychiatrists, nurses, the CAT team, the Police and outsourced workers. One cannot necessarily make the mental health workforce 'glamorous'. However, benefits outside those in the normal workforce would be useful. Somewhat like the Police with additional leave, a bonus incentive scheme, shorter working hours."

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?

"Social participation in my view must be done at the local level - Councils. Economic participation is really something that needs to be looked at by the State Government. Mental illness is frightening for the person with the illness. For me at least, it has been a lifetime of ups and downs with two suicide attempts. I am lucky to be alive. The Councils must do more for social isolation. I am very isolated. As are many people with mental illness. In terms of economic participation, it is not a matter of placing people with mental illness into jobs like putting lids on bottles. Many people with mental illness are highly intelligent. "

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?

" Some years ago, the State Labor Government injected \$1billion into mental health. It was the single biggest payment to a specific sector in Australian history. The question is - where did the money go? No one knows. I suppose once again I must comment on Lifeline and Beyond Blue. Lifeline needs first priority. A large injection of money for front line works. As to Beyond Blue, if they are not helping individuals, then what are they doing? It's all well and good to have a former Prime Minister fronting the organisation. It looks good, it sounds good but someone needs to tell the public where the money is going. Transparency in that organisation is critical. The Government is going to have to spend money on psychiatric units. I myself have been in the locked ward at ██████████ It really is appalling. Somewhat akin to a prison. My own room stank of urine. As the primary hospital in the State, it needs to be the first for a major overhaul. In a perfect world, a secure unit would still be secure but have things for people to do. Computers, gyms, a swimming pool, better food, mattresses that are not plastic, increased nursing staff, games, stimulation. These things are critical, particularly food. Use Maslow's hierarchy of basic needs. "

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

"Branding. I think this is critical. To start and prepare for changes, an advertising campaign needs to be rolled out. 'Mental illness' needs to be changed to 'mental health' or perhaps something different. I find the words 'mental illness' or 'mental health' to be negative terms. 'Mentally fit' is much better. Victoria has a real opportunity to once again take the lead. Whilst in size Victoria is small, it does lead the country across a range of sectors. The current Government is excellent. I am not necessarily a Labor voter and voted conservative in the Federal election. However, there is no way I would vote Liberal at a State level. With that in mind, the State Government can push. Rebranding number plates such as 'Victoria - mentally fit for the job'."

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

"Mine is a complicated issue. I was a lawyer for nearly 30 years. The Legal Services Board which issues practising certificates in the State introduced a mental health policy. It was initially based

on a 'we can help' type focus. Practitioners were invited to disclose their mental illness when applying for practising certificates. Then the practitioner was asked if the mental illness was treated and under control. The Board has a complex policy on mental illness in the profession.

████████████████████ They held up practising certificates on the grounds of my mental health. They wanted expert reports which I provided. Then they wanted independent expert reports from their own psychiatrists. This is all on the grounds of 'consumer protection'. Finally, the Board has told me that unless I can provide them with compelling evidence that my illness is stable, they will not issue a practising certificate. This is discrimination at the worst level and puts back mental illness and discrimination by decades. Whilst it may well be that I am the only person that the Board requires compelling evidence, it does set a precedent that the Board may introduce a policy for all practitioners with Bipolar illness. And then where does it stop. The Board is so powerful that no one can touch it. It does not exist for the purposes of the Charter of Human Rights. It is exempt from Freedom of Information, the Auditor General and the list goes on. I fought the Board for years. And spent a lot of money. In the end, one can't fight part of the Executive that has an endless supply of money and resources. The only thing that can actually look at the Board and demand answers is a Royal Commission. The Royal Commission can do as it pleases within its mandate. I am currently obtaining and preparing a petition to be signed by friends and the neighbourhood. I will present that to the Commission at a later date. I don't know whether other parts of the Executive have similar powers of that of the Board. If the Government wants to clean up the mess, perhaps it needs to look into its own backyard and see what is happening. Corporates on the other hand take mental health and mental illness extremely seriously. After my practising certificate was taken away, my business imploded. I had a nice car which I owed money on to ██████████. The car was repossessed. The man who did so assaulted me and said 'why don't you go and take your medication you psycho cunt' (apologies for the use of that word but it is verbatim). I went straight to ██████████ (who owns ██████████ ██████████ reacted immediately. They were shocked and apologised. Further, they put their money where their mouth is and wiped \$13,000 of interest such that there were no repayments to be made. Sure, they kept the car but they acknowledged that treatment of someone with a mental illness is not to be tolerated. As my financial position has collapsed, other corporates - ██████████ and even small creditors like ██████████ have bent over backwards to help me. No one can actually believe that the Board has done what is has done. "