

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?

"Workforce non-participation and unemployment are common for those experiencing severe and persistent mental illness (SPMI). There is considerable variability between sources presenting statistics on employment and mental illness due to a lack of standardised measures and definitions across survey instruments; workforce participation rates varying from 28.2%-73.3% and unemployment rates varying from 4%- 27.4%. Estimates illustrate that people experiencing SPMI are distinctly less likely to be participating in the workforce and more likely to be unemployed than people without mental illness, which can exacerbate the economic and social isolation commonly experienced by this population. There is currently a very limited body of literature examining the implementation and use of Individual Placement and Support (IPS) within the Australian policy and service context. Consequently there is a gap in knowledge regarding the most effective way to deliver and sustain high performing IPS programs within this service context. Local programs therefore warrant evaluation and exploration."

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?

"Individuals experiencing severe and persistent mental illness report a desire to gain and sustain work. Individual Placement and Support (IPS) is an evidence-based approach to vocational rehabilitation to support competitive employment outcomes. A local study between St Vincent's Hospital (Melbourne), Wellways and Monash University has contributed to the growing body of Australian IPS literature, by exploring the model's transferability and translation to an Australian policy and service context. The study analysed the outcomes of a local IPS program, delivered through a partnership between existing services, over a seven year period. IPS could be introduced more broadly into future services."

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

"The introduction of IPS services will impact suicide prevention efforts in a positive way since hopelessness and helplessness are present frequently in people who attempt to end their lives, amongst other symptoms often over-simplified under the term 'depression'. Relationship conflict and/or concerns about finances are also often present in psychological autopsy data as to what was going on at the time of a suicidal crisis. Employment support and gaining and sustaining employment reduces pressure and problems in these important psychosocial aspects of people's lives and recovery."

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 positive impact of employment can be seen as extending beyond the individual to the wider

community and society. The obtainment of meaningful employment results in positive change to varying aspects of an individual's life, some unique to people who experience SPMI, including: self-esteem and self-concept, feelings of personal empowerment, subjective wellbeing ratings, symptom control, social inclusion, economic status, and relapse occurrence. The employment of individuals with mental illness may also provide a platform for vocational professionals to offer education and support to employers. Personal contact in an occupational context may enable employers and co-workers to appreciate an individual's abilities and positive contributions, thus leading to reductions in workplace and community stigma and promoting an increased acceptance and understanding of mental illness within the community. "

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

"Direct barriers to participation can be caused by the impact of the positive and negative symptoms of illness. For example, psychotic illnesses can affect the cognitive functioning and stamina of some individuals. The side effects of pharmacological treatments, as well as the fluctuating and episodic nature of some illnesses, may also directly impact people's ability to gain and sustain employment. Disruptions to individuals' vocational or educational trajectory have also been identified as an obstacle to employment caused by the onset of mental illness. Community stigma may also act as a barrier for individuals and is mostly attributable to misperceptions and limited understanding of people's individual abilities and needs. People are often believed to be too unwell to work and employment opportunities are denied. Employer attitudes and workplace stigma may also present as an obstacle; employers' negative attitudes can prevent the hiring, retention and advancement of people with mental illness within organisations. Historically, vocational rehabilitation has not been afforded priority or importance by mental health services. "

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

"In this research that examined Individual Placement and Support (IPS) delivery, an evidence-based approach to vocational rehabilitation with people with severe and persistent mental ill health, the most frequent accommodation type was 'lives alone in flat/house' (33.8%), with 12.5% of program participants living in boarding/rooming house arrangements. One marked difference between 2 study sites was that 29% of participants in the gentrified suburbs were found to be living with parents whilst this was only 9% of inner city participants. Even this study, looking at consumer/service user outcomes for an evidence-based intervention approach, could be seen to present a secondary narrative about family members and carers. Families provide financially for loved ones who have no employment or insecure employment due to an episodic condition. Families assist service users navigate treatment and the service system, and so often do so during business hours at the expense of their own employment security and after hours sacrificing at least some social and leisure time. Families need to be included and respected; they need timely and accurate information; they need a system that is safe and equitable and evidence-based, so they can have faith in it to support and treat and protect a loved one; they need to be linked with professionals and also other carers should they wish, since there is a comfort and affirmation that is different from others that have lived caring experience that is different to the support from a professional perspective and approach (both are helpful)."

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

"Peer workers should be very important in the next iteration of our mental health system. In terms of helping someone facing severe and persistent mental illness back into employment, gradually over time, the optimism and modelling possible from seeing another who has faced similar challenges now succeeding should not be underestimated. It is nourishing for both consumer and worker. Since recovery-oriented practice is predominantly achieved in community, and social inclusion experiences have been found empirically to be themselves healing, it is a meaningful shift to reallocate some resources from hospital-based models to community connection and rehabilitation and educational and vocational approaches. This will also require a shift in power dynamics to reduce not the role of doctors but the leadership of medical personnel in this equation. Medical colleagues - in a truly recovery-oriented model - would have a lesser role in decision-making than is currently the case. That will help attract, retain and support talented nursing and allied health staff, whose skills are currently underutilised."

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 estimated cost of the loss of productivity attributable to unemployed individuals with a mental illness in Australia ranges from \$10-\$15 billion per annum. The increased employment of people with mental illness may also offer financial benefits to government and the wider society. An increase in the employment rate may directly reduce government welfare expenditure, and allow for funds to be released and re-focused on service provision and supports within the mental health and employment sectors. The Barriers to Employment Individuals can face barriers to participating in employment as a direct and indirect result of their experience of mental illness; conceptualised at the individual, community and systemic level. Self-stigma is also important to note, contributed to by people's experiences, influencing people regarding feelings of low self-worth and low self-confidence to participate in community life, particularly employment. Community stigma may also act as a barrier for individuals and is mostly attributable to misperceptions and limited understanding of people's individual abilities and needs. People are often believed to be too unwell to work and employment opportunities are denied. Employer attitudes and workplace stigma may also present as an obstacle; employers' negative attitudes can prevent the hiring, retention and advancement of people with mental illness within organisations. Historically, vocational rehabilitation has not been afforded priority or importance by mental health services. What needs to be done? The IPS model is gaining acknowledgment as a successful approach to supported employment for people with SPMI. The model's effectiveness has been validated, by randomised controlled trials (RCTs) and quasi-experimental studies, as facilitating higher competitive employment rates than other vocational rehabilitation approaches designed to assist people to gain and sustain competitive employment. The evidence-based model has been developed, implemented and evaluated in the United States over the past 25 years and evidence now suggests that, provided program fidelity is achieved, it may transfer successfully to a variety of settings "

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?

"Community-based treatment - not information and assessment hubs, like Headspace; actual treatment. Vocational rehabilitation. More PARCS. More Recovery Colleges. More family support workers integrated into services alongside other clinicians. More dual diagnosis capability training and mentoring. More co-design and collaborative evaluation and research, including

apprenticeship models for people with lived experience to upskill to be more actively involved. Less referring to people as 'cases' to be 'managed'."

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

"Greater transparency with key stakeholders about costing different models/approaches that have been trialled and are evidence-based - talking about how not all wishes can be funded and we need to make choices based on preferred outcomes, and levels of intensity or breadth of coverage for different needs and populations. Continued engagement with VMIAC, Tandem and workforce groups representing key disciplines. "

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

"Key references: Parliament of Victoria. Inquiry into Workforce Participation by People with a Mental Illness. Family and Community Development Committee 2012.

http://www.parliament.vic.gov.au/file_uploads/Mental_Health_Report_FCDC_1cX3KrFw.pdf.

Stirling, Y., Higgins, K., & Petrakis, M. (2018). Challenges in implementing individual placement and support in the Australian mental health service and policy context. *Australian Health Review*, 42(1), 82-88. Petrakis, M., Stirling, Y., & Higgins, K. (2019). Vocational support in mental health service delivery in Australia. *Scandinavian journal of occupational therapy*, 26(7), 535-545."