

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

## Organisation Name

N/A

## Name

Prof Phillip Hamilton

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

"Proper education concerning the administration of ECT to overcome the misrepresentations contained in the movie 'One Flew Over the Cuckoo's Nest' and the frequent statements by the so-called Citizens' Commission on Human Rights, which is no more than a front for and motivated by the Church of Scientology, which has always opposed, since its inception in the 1960s scientific psychiatric treatment, especially ECT. Much of its bias and principles were identified by Kevin Anderson QC (later Justice Sir Kevin Anderson)."

### **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?**

"Careful drug therapy works well, but many patients are reluctant to maintain their regimes when they appear to be recovered, and they stop taking the prescribed medication. Many family members identify mental illness in a family member, but do not report it or seek treatment for their family member, out of ignorance of the symptoms, embarrassment at pointing the finger and letting it be known that a person has a mental condition. Likewise, many who are merely friends or acquaintances observe changes in people known to them but either do not have the perceived authority to intervene or are considered outsiders, and they are not heard."

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

"I keep encountering stories of suicides especially in young people, where the family say that the person in question was perfectly normal in behaviour before committing suicide. I have never seen this, but believe that an intending suicide must show signs of withdrawal, lack of communication, keeping to themselves, silence in family settings, loss of appetite, changes in mood. I do not know, but I think that alert observation by family and friends should assist in identifying intending suicides. No-one has ever told me what the signs might be. Publicity about those signs might avert suicides."

### **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.**

"I was incredibly lucky to find a sensitive psychiatrist when I was only 18. I can only imagine how difficult it might be for others to find such a doctor. Removing the stigma which society imposes on people seeking psychiatric help would be a start. Of all countries in the world, I understand that Argentina has the highest proportion of its people in analysis with psychiatric therapists. No stigma attaches to this. I think that the situation in the United States is similar. Thus a change in societal attitudes may be needed in Australia."

### **What are the drivers behind some communities in Victoria experiencing poorer mental**

**health outcomes and what needs to be done to address this?**

"Embarrassment, shame, inability to cope with the thought of a mental health problem all contribute."

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

"Education of support persons is the thing. If they know what to look for, then they can address it. I visited some new Australian clients once. The wife was extremely agitated, rushing about the house, while the husband and relatives looked on in silent fear and immobility, when they should have taken her to a clinic or doctor for treatment. Under instructions from the woman's psychiatrist by telephone, they did take her to the nearest hospital, where the administration of tranquilisers calmed her down, and she was able to be taken to the psychiatrist for review and further treatment. The family members felt frightened by her bizarre behaviour, and were unable to do anything until instructed to do so. If they had had insight into her condition, they could have sought medical intervention sooner."

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

"We are lucky to have a psychiatric profession which is of such high calibre. General nurses lack thorough grounding in mental health issues. I know of one case where a psychiatrist was unable to find a trained nurse to assist him in administering ECT to a dying woman: the duty nurse was 'too frightened'. Having found a stand-in to assist, the course of ECT was begun. A month later, the patient had put on several kilos, and was discharged. She never needed ECT again. Support staff of all kinds need to be properly instructed about both standard psychiatric treatment and its indicators."

**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?**

I have been fortunate to have overcome my mental health issues and to participate in society. I do not know what difficulties others have faced.

**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?**

Education concerning the best treatment and its possible side-effects.

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

N/A

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

"I wish to stress that ECT, for which I was booked in in 1971, but did not need in the result, remains an elegant treatment very suited to people with mania, extreme depression, schizophrenia and doubtless other conditions. Lies are spread about it by the Citizens Commission for Human Rights. It would be interesting to know how many scientologists have committed suicide for want of proper psychiatric treatment. ECT involves: placing a positive breathing tube in the patient's mouth to ensure no loss of oxygen; administration of a temporary

muscle relaxant to ensure no damage if there are muscular spasms; administration of a drug which temporarily dries up secretions; administration of a short-term sleeping drug, and finally application of the minimal electric current across (or in some cases to a part of) the brain. The process takes place while the patient is completely asleep. The patient awakes intact a few minutes later, sometimes with a modicum of temporary confusion. There are no long term effects."