

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?

"I recommend that Victoria's mental health framework is present in ALL facets of matters of state; Development and Education, Health, Public and Private workforce, Community Development, Infrastructure, Environment. That the future of this state involves asking the question How does this/will this impact on individuals and the communities mental health. This question needs to always be asked because there are current and past decisions which have impacted on mental health even though at the time the psychological/developmental/relational impact may not have been thought about. Eg; funding specific for families to use to access child care, whilst helpful for those that have to work, inadvertently disadvantages those parents who want to look after young children at home, and may have encouraged parents to place children in child care when they may not have otherwise. Yet there are so many benefits of supporting parents to care for children within the family, for example; healthy attachment relationships, one on one care fostering sense of security, language development and precocious development (Siegel, Dan, Drama Free Discipline) By asking the question 'how does this decision impact mental health of the child' The decision may have been to provide funding which parents could choose to either put towards child care or the expense of staying home and looking after children instead of receiving a wage. "

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?

"1. It works well that people of any age can access Medicare for private mental health treatment, this helps shoulder the strain held by the public mental health sector and gives individuals and families choice. Choice of what service/professional feels most helpful is imperative as, treatment of mental illness is a human relational process and therefore finding a good fit is a very individual process, who suits one person may not suit the next. Therefore what can be improved is a service model where funding is flexible and allows the individual/ family to choose service/professional whom they feel comfortable with and hopefully can build an ongoing relationship. A service model needs to be based on the principles of Attachment theory, where services/ funding needs to provide and foster a secure base' where that professional/service can be utilised for as long as that person needs and they can return when the need too. Decisions of when the individual/family is ready to finish needs to be decided in conversation with the individual/family to, rather than the service feeding back, it's time for you to finish. This model is respectful of individuals autonomy and also models insight and expression of needs as a healthy way of working these important chapters of treatment out. Most people experiencing mental illness have experienced unhealthy attachment relationships and therefore ending treatment before they are ready, repeats this insecure attachment pattern and further unforced Do not trust helpers or Caregivers will abandon me this in turn reduces future help seeking and healthy engaging with help, once people stop seeking help, they enter a very risky, unhealthy mode of existence, a schizoid mode of trying to function on their own, which no human can, especially someone with inadequate internal coping

resources. I recommend that every Victorian receive funding to access mental health services which they can choose how/when/what they engage in. This sends the message that addressing your mental health is just as important as physical health, going to the medical doctor or dentist, services people can just access through Medicare without a referral at any time. Working on your mental health is not easy, so you won't find they will access services if they don't need to; eg; people don't go to the GP once a week just because there GP bulk bills, if they are healthy they prefer to go out for lunch or to the movies! This applies to mental health services too. Yet it could also mean people can access mental health help earlier and from the day they are born. So early intervention is offered and the message is that the government encourages every Victorian to seek mental health support. It could vary from a pregnant mother attending preventative information sessions learning how to help their baby with their emotional needs, or an elderly gentleman accessing support around grief and loss, to severe psychotic Victorians who may use their funding to help pay for their inpatient treatment and make it possible for them to stay in hospital longer, or it could be the mental health clinician looking after that psychotic patient, who uses his/her own funding to access trauma therapy because the week before they found a patient who had committed suicide. It would be an adaptable type of funding with great breadth and depth. I hypothesise that whilst at first it might elicit a response of crickey this is going to cost the government a lot!, however if I can use the analogy of a parent feeling anxious, goodness if I don't tell my child when to stop eating they will keep eating and eating!, this anxiety doesn't come to fruition IF healthy, varied banquet of food is on offer, the child will eat until they are full and then they learn to listen to their internal needs and cues, increasing independence and sense of autonomy which feels so good, The message from the parent being you can have as much healthy stuff (food) as you need! Which feels lovely! By the government providing as much healthy stuff (funding for healthy mental health services) the community will feel cared for by their government, increasing contentedness and hopefully conveying the sense that we trust you know when you need help and in what form and for how long. I believe those who need the help will then be most likely to receive it and those who would've needed future help will have received it earlier before they require longer, more expensive treatment.

2. More focus, funding and advertising needs to be offered at the earliest point of intervention: Infant Mental Health and also Perinatal Mental Health. The first three years of life is the most crucial time of development across the lifespan, the most growth occurs across all areas of development including mental health, such as neurological development, relational/social capacity and personality development. When traumas and ruptures to development occur during these years, repair is very difficult and people can spend the rest of their life trying to repair these developmental ruptures (please refer to neuro-development experts such as Bruce Perry and Dan Siegel, Daniel Stern). Therefore prevention of inadequate parental care due to eg; post natal depression, violence, is imperative, and must begin BEFORE birth and throughout early infancy and early childhood. Infant Mental Health must be at the forefront of all government future policy and service development (Eg; how is poor parental diet choice influencing infants experience of The Parent Child Relationship?), it is the strongest factor contributing to an individuals developing and future mental health. Therefore the parent child relationship is the key to future prevention of mental illness, it is also the best vehicle for influencing good mental health in the next generation. The parent-Child relationship is fertile ground for growing healthy individuals and any supportive intervention nourishing the parent child relationship will in turn nourish the whole community. View the parent child relationship as a seed primed to blossom into something full of nourishment, life and growth, whilst any harm that occurs in the parent child relationship is extremely damaging, any goodness is like a nectar, holding more goodness than any service or professional could replicate. Therefore support and therapeutic services around the parent and child is most beneficial rather than services trying to provide the

care/support for the child, superseding the parents. Treatment should never be done to children and families but done with. Therapeutic relationships are best to be modeled on healthy parent child relationships providing containment (Bion) reverie (Winnicott) and Mentalisation (Fonagy) within a secure attachment (Bowlby & current model Circle of security). Through health care providers providing this model of care for parents in the perinatal period, infancy and early, late childhood, it assures patient Centered care which supports the integrity of relationships. After all, what makes us human more than any other trait? It's our capacity to relate to each other in complex social ways, more so than any other species, second only to monkeys. Any aspect of culture which is anti relationships is anti development of the species needs to be addressed by government. Eg; excessive screen time reduces our children's developing capacities to relate. Eg; parents leaving infants to cry-it-out in response to babies difficulties sleeping is anti-relational and sends the message, don't use your voice to communicate your needs and your needs will not be attended too when you express distress. This can be the beginning of the journey for people not seeking help and not trusting care givers. This message being conveyed in this powerful way during infancy, can become entrenched in a person, non verbally, where they cannot access it and express why they don't trust calling out for help. Therefore the government can powerfully educate on matters such as comfort your babies cries never leave a baby to cry it out on their own , unfortunately there are GP's, paediatricians and maternal and child health nurses who have recently recommended to parents leave your baby to cry in order to lead to babies going to sleep unaided. one GP even recommended a client of mine leave your baby to cry until he goes to sleep himself, your baby may be one so upset it will vomit but that is ok, in a few nights, he or she will stop crying at bed time.. **PROFESSIONALS SHOULD NEVER RECOMMEND** babies to be left to cry in this day and age. This is not inline with current infant mental health literature and is damaging to the foundation level of this persons developing self, the damage it causes can be long term and unspoken of because the baby has no words to tell people and it remains unprocessed in non verbal memory (DoIDGE, N: The Brain That Changes Itself). The governments support and encouragement of parents and infants accessing specialist infant mental health professionals when struggling with sleep, feeding and crying (just to name some difficulties) mean they can create healthy foundations with how to cope with difficulties and how resilient the parent child relationship can be. Setting the stage for healthy behaviours between infant/child and parent and within the child who then carries this into adulthood. "

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

"Reducing isolation, once again for the government to provide as much support as someone needs, helps vulnerable people who struggle to ask for help to engage. Often people don't engage for fear of being rejected. Limited funding or pools of funding that then run out mean services often are repeatedly rejecting people who may have just began to engage. I have many suicidal person describe this sense of hopelessness I feel so alone because when I asked for help I was turned away. Ongoing, therapeutic relationships are protective because when someone feels, understood, cared for and listened too, in an ongoing, regular therapeutic relationship they feel emotionally held and less likely to emotionally unravel. This type of relationship is very different to case management, which most public psychiatric services place most of their funding within, case management has a focus mainly around practical support, but this comes with the cost of people feeling listened too on a deep level and therefore no change on a deep emotional/personality level can take place. Case Management is a band aid solution but means people will most likely re-present with symptoms; it is not therapeutic. Whilst at a government level case management seems like a cost effective approach, it is cheap because, you get what you paid for, under skilled, under supported workers, who burn out quickly, therefore there is a high turn over of staff and

limited continuity of relationships. In the long run this approach is expensive because it doesn't address the underlying cause. Valuing highly skilled professionals and funding ongoing training in client centred interpersonal therapy approaches will be protective of all clients. Suicidality is complex and can have roots stemming back to years earlier in the persons life, the person themselves may only have partial awareness of the reasons they feel suicidal, a one off crisis assessment may not be able to reveal to the clinician what has predisposed this person to this state, therefore it isn't truly accurate to assess level of suicide risk after a one off meeting. People who have presented with suicidality need to be able to access ongoing therapy, as it is a serious pathology, even if the clinician deems them low risk after a crises assessment, people do not present with suicidality for no reason, it indicates a psychological wound which needs tending to. Due to the roots of suicidality often stemming back to childhood, when their sense of self and emotional regulation was forming, all early intervention for the perinatal period, infants and children is protective and preventative of suicidality in childhood, adolescence and adulthood. "

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.

"Firstly, good mental health is linked back to good enough loving relationships, healthy living, nutritious food, healthy outdoor activity and time connecting to nature, learning and gaining new skills and competencies, connecting with others and looking after yourself. There are many aspects of today's society which is eroding people's experience of these essential elements of human life. Eg; increased availability of junk food and processed food is a mental health issue, leading to physical and mental states which are counter- healthy and lead to dysfunction such as obesity, depressive and anxious states, lethargy and addiction to unhealthy foods. The commercial world of fast food is ruling our world more than our political leaders, parents and teachers, we need to reverse this. Addiction to junk food begins in the womb and infancy, infants are being exposed to chemicals and unhealthy levels of sugar and salt and their under developed digestive systems and immune systems can't cope leading to an ever increasing number of babies with reflux, and food intolerances and allergies. This is a mental health issue for infants and parents because it results in very unhappy, unsettled unwell babies and also intrudes on the precious attachment relationship with parents. Parents of babies with reflux and food intolerances often describe I felt it was my fault I found it hard to love my baby because she was always crying , I felt depressed but I realised I was just so exhausted because he never slept babies can be labelled as little terrors or horrible creature like it is their fault and these labels sometimes exist in families for a life time. By promoting and rewarding healthy eating during pregnancy and childhood, the government can begin to turn this big ship that set sail to its the beginning of commercial fast food and processed food. It may also involve restrictions on fast food advertising especially aimed at children and during public events. The UK had started to make these changes with no fast food advertising allowed on public transport, influenced by Jaime Oliver's food revolution. But it is imperative the current trend of high childhood obesity and diabetes is stopped for the future health of our society. Victoria could be world leaders in this area, it is inevitable that the whole world will need to eventually make such changes. What is healthy for people is always best for their mental health as the body and mind is inextricably linked. Over half of my child therapy clients have problems with constipation, exhibiting the link between mental health and digestive/ healthy diet. Then doctors recommend laxatives rather than exploring diet and fluid intake. Most are eating highly processed food low in fibre alongside sugary drinks rather than water. Children cannot grow and develop healthily on such a diet. Yet poor diet and unhealthy eating habits in children are at epidemic levels and it stems back to parents and societies

caregivers such as politicians saying no and that is enough junk food. Screen time is another concerning trend which has cascaded before adequate research into its effects has been established. Young developing minds must be protected from screen usage on iPads and iPhones with government regulations. Parents need support on these issues as the technology has advanced faster than parental understanding can keep up, in private practice I have heard stories of toddlers accessing inappropriate sexual content because it is socially normal to hand young children iPads as a babysitting strategy, whilst it is commonly done it is in no way appropriate for young children to be on iPads unsupervised. I've also worked with teenagers who are addicted to computer games and socially isolating themselves and not looking after their personal hygiene, and becoming violent when parents try to place limits around computer game usage. When you take a history of the problem it becomes apparent this addiction began as a toddler, early childhood. Therefore parental education needs to be happening before babies are born, and when they are infants. In summary, here are two examples of how government can improve mental health through broader preventative schemes which can benefit overall healthy behaviours of the community and once again it reiterates the importance of such interventions beginning pre-birth, a time when parents are very receptive and have the time and energy to learn about developing healthy habits for their children. I am also emphasising the importance of government placing restrictions around corporate advertising and unhealthy products to protect children and support parents to say no' to junk food and processed food, screen time and create room in children's lives for outside activity, and relating with others rather than technology. "

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

N/A

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

"In light of my particular focus on infants and children the support of parents is imperative, children must be provided therapy which is inclusive and mindful of their family and parents. Funding for separate parent sessions is imperative as parents need a confidential space to talk candidly about their concerns, fears and struggles with their child, then when they attend with their child, language which is attuned to the child can be used rather than parents sharing uncontained feelings with the child present. By supporting the parents they can best support the child."

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

"Government funding/grants/scholarships of mental health workers study and training would be extremely supportive and also help clients, increasing the quality of the therapeutic service provided. All mental health clinicians should have funding to access their own therapy, just as policeman, teachers and firemen do, through programs like the employee assistance program. Mental health clinicians are faced with vicarious trauma every day, also it is imperative that they have regular therapy to continually utilise healthy coping mechanisms, in which increases their emotional availability to clients. There is always a risk that clinicians can become emotionally cut off as a defence against all the pain, Terror and helplessness they are dealing with, however being emotionally engaged is their tool, to connect and empathise and understand clients, being emotionally engaged is protective of clients and more likely to reach treatment outcomes. To be a mental health clinician, you have to use your own emotional functioning to assist clients, therefore

a clinician's personal therapy is essential to keeping your therapeutic tools sharp. It is compulsory in psychoanalytic practice but rarely every discussed by other mental health professions, it is the elephant in the room, yet it is the answer to clinicians coping with their very challenging job and also providing better standard of service provision; just like an athlete must look after their body to obtain peak performance a mental health clinician must look after their mental health and in a parallel to what they are helping clients cope with, do so for themselves. It would fit with the potential government philosophy of mental health for everybody. "

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?

"Inclusion, understanding and support. The government could encourage the development of societal values in encouraging asking for help, in encouraging co operation and thinking of others, kindness, helping people in need, supporting the communities most vulnerable. Western Society is becoming increasingly competitive and individualistic. This begins in infancy, in the earlier example of babies being encouraged to cry it out and self soothe rather than be soothed in a relationship. Babies need to be dependent and soothed by someone in order to integrate the experience of having been soothed to then develop this themselves. Those with mental illness often revert to an infantile state, most often because their needs weren't met in infancy and need to be dependent once more until they have worked through their earlier trauma and naturally become independent. Society needs to be less individualistic (which is fostering narcissistic states, Neville Symington proposes that all mental illness is underlined by narcissism) and instead more about helping each other and collaborating and looking after others as well as yourself. Whilst this would help the mentally ill integrate and feel accepted in the community it would benefit the whole community. Every individual would be learning new skills in building healthy, caring relationships and the community is stronger if everyone is linked through caring connections. If we think of the chain analogy, society is only as strong as it's weakest link, if the government and community members are supporting and strengthening its most vulnerable members, the chain/community become stronger. Maybe the government could have The Premier's Healthy Link Award where people are recognised for their work or efforts to strengthen the communities chain, linking and working together, supporting people in need. Sending the message, these traits are highly valued in society. In Vietnam they value sharing and looking after your family and apparently they have minimal suicide rates. "

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?

"Flexible, easily accessible Mental health funding for anyone. Funding could be available to all Victorians and those who don't use their funding in a calendar year could be rolled over and given to someone else who required more mental health funding. The people who need more than the standard amount every Victorian receives could apply for more funding and access the funding which hasn't been utilised. People could opt to give some of their funding to people in need if they wanted to, this would again encourage a society thinking about those in need and giving to those most vulnerable. People would not use more than they needed because people only seek therapy when they are suffering otherwise they seek another leisure activity instead. I place great emphasis on a substantial increase in funding of infant mental health, perinatal mental health, support, education and therapy to treat parental mental health issues before and after birth and also prevent/reduce parent child relational problems. The take home message is that infant and

perinatal mental health is cost effective because it is preventative of long lasting developmental, neurological, relational and personality problems. It fosters the development of healthy coping behaviours when they are first being learnt placing people on a trajectory towards health rather than dysfunction and disconnection. Most importantly is that access to mental health funding is not diagnosis based, it is for everyone, this will reduce the stigma of seeking help and hopefully it will be just something people do, just like people go to the physio if they have a sore neck. Especially in the perinatal, infancy and childhood period it is essential diagnosis is limited as it creates stigma and sticks with the child, when so often children's mental health needs are complex and often indicative of a wider family and social issue that diagnosis hinders rather than helps the infant/child and his or her parents. Diagnosis is also often linked to prescription of medication and particularly in childhood Medication must only be considered as a very last resort. There is a concerning trend in paediatrics and now child psychiatry of increased prescription for children, this is concerning because firstly the research into the safety and side effects of medication has primarily been undertaken on laboratory mice (Bessel Van De Kolk), and secondly any research on humans is most likely to be on adult populations, It is rare that research ethics committees would allow drug research on young children, therefore we cannot predict what adverse effects this has for the child, short term and long term. One psych social effect I've seen is that parents become dependent on the child being medicated because it sedates their behaviour and they fight very hard to keep them taking it, fearing how will we cope with parenting them when they are not taking medication not willing to explore other ways of helping the child cope. The medication profoundly undermines the child and parents belief and confidence in helping themselves and their child, this is counter therapeutic as the primary aim of treatment is to increase coping and belief in coping and develop emotional regulation. Psychiatric medication of children is the modern day straight jacket, but once again it is a very big and risky band aid solution. "

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?

N/A