

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

SUB. 0002.0023.0082

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

"People with a mental illness are afraid of being labelled ""crazy"". There is still very little understanding in the wider community of what some of the serious mental illnesses are, how they affect people, and how to interact with the person with the illness. People with labels such as ""Schizophrenia"" are still ""seen as"" weird and likely to be violent. One suggestion is to increase focus in the media showing people with serious mental illnesses who are functioning and working in the community. There needs to be a normalisation of the way we view people with mental illness. Because the symptoms are not as obvious as for people who have a physical disability, there is still a lack of compassion in the wider community and a fear of how to interact with the person who suffers with a mental illness. "

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?

"Acute and post acute care work well. With that I mean the CAT team involvement, involuntary treatment in psychiatric wards and follow up treatment on Community Treatment Orders. Areas where the system lets us down are: 1. It is not easy to get help for a relative in crisis, especially if that relative is adult and not living with the family. A recent episode we experienced could have had tragic results if treatment had been delayed any longer. It took several calls (over a period of weeks) to police and the CAT team before the person was finally seen to and admitted for acute care on an involuntary basis. When a close relative reports a problem with a previously diagnosed individual, then in my view there should be immediate action. Calling the police or CAT team is not an easy matter and if I as a relative have to resort to this then the problem should be deemed serious by all parties. 2. Once treatment orders are terminated, the mentally ill person is referred back to their GP. The GP will dispense medication on request. There is no further monitoring. This can be rather dangerous when the ill person has been shown to have little or no insight into their illness. It is my view that we must do away with the ""revolving door"" approach. Everyone seems to know this is how the system works whereas research has demonstrated that long-term treatment is the only way to keep people out of hospitals, reduce suicides and in many cases enable mentally ill people to participate in the community be it holding down a job or doing voluntary work. Implementing this should not be all that difficult. Once a person is diagnosed with a severe mental illness such as Schizophrenia, they qualify for a permanent disability pension. There should be some caveats attached to this. To continue to qualify the person should need some kind of certificate from an approved medical person working in the Mental Health area who can verify they have been working with the individual and they are not yet ready to look for employment. This would provide an opportunity for early detection of worsening symptoms. Especially for those lacking insight into their illness. "

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

"A better designed system of ongoing monitoring of people with a mental illness and making early intervention easier for those who may notice a deterioration in symptoms. We need to be able to recognise those people who have no or little insight and make sure that their interaction with medical facilities (be it via the GP, a support worker, a counsellor) picks up worsening of symptoms. Once people are diagnosed with, for instance, Schizophrenia, ongoing treatment seems to rely ONLY on medication. There have been a lot of advances made in cognitive and other therapies that can help people to a) stay on track and b) improve their health. If support is provided on a non-voluntary basis (i.e. the person who is ill, can't simply decide to cancel all support) then early warning signs will be picked up. "

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.

"There are pockets of communities in Victoria with easy access to support services. Unfortunately this is not the case in all areas especially not the case in Regional Victoria. I have been told that for instance in Gippsland there is not CAT team available. This is tragic as too much work then falls on the police who have to pick up the slack. Then there are areas where organisations such as Mind and Neami are easy to access. We had hoped that with the NDIS things would improve but our experience has been that unless the person with the illness has insight, they don't seem to get an NDIS support package and then all services are denied them. If a person suffers from lack of insight (Anagnosia) there is a physical disability which stops them from realising their illness. So if you question them about their needs the answer will be simple. They don't need any help. In fact they take their medications often simply to keep the doctors, family and others off their back and stay out of hospital. This should be a seamless process. If you are ill enough to qualify for a permanent disability support pension then ... you ought to qualify for the NDIS because we now have proof that support services can reduce hospital admissions, enable people to improve in their health and potentially lead a more productive life. "

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

"Country areas seem to be an obvious one. We have only recently moved to [REDACTED] and have found out that there are limited services available. Totally different to our last residence in the [REDACTED] area where services were great all round. Even the neighbouring area of [REDACTED] had nothing as efficient as was available [REDACTED] I am not sure if this is due to council or demographics but there needs to be monitoring that support is available no matter where you live. Country areas are of course difficult but there is no excuse in the metropolitan area. Our own experience was that as our relative moved into different areas, support was so much harder. "

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

"As a family member and carer I obtain counselling via a mental health care plan issued by my GP. Some carer organisations also offer some free counselling sessions. Training for family members needs to be more readily available regardless of what part of the state you live in. We have been lucky to attend some excellent training and support sessions offered by Mind Australia but these are not readily available throughout all metropolitan and country areas. When you have an offspring suffering with a chronic mental illness, regardless if they are living under your roof or not, you continue to care for them. This need can be emotional, financial or both and it never ends.

This can be a huge drain on your own reserves of energy and finances especially as you age. Much more funding needs to go towards Carer Support. Maybe the NDIS needs to offer packages to carers or close family members as well as the person with the mental illness. Especially if that person has little insight and has decided that support services are not necessary. "

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

Prevent burnout and get rid of the REVOLVING DOOR attitude. People need adequate compensation for the incredible pressure and stress that caring for the mentally ill presents. If we implemented more recent discoveries in how to deal with both the mental illnesses and the often present anosognosia / inadequate insight then work satisfaction would automatically increase. For this we need to invest more funding into the Mental Health sector so that Victoria and Australia can keep up with current research and offer best practices not just in acute care but be able to offer our mentally ill people ongoing care and support.

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?

"In our experience, currently opportunities are very limited. We need sheltered workshops where people with mental disabilities can work. We need a change of attitude which states that allowing people with a disability to work for their benefits, is exploitation. Surely increasing their own satisfaction of being valued contributors to the community and helping to develop their own unique skills and talents will benefit everyone. Yes it takes more effort and initially will be more expensive but there will be long-term rewards. "

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?

"1. Make the NDIS readily available to all people with mental illness especially those who have been shown to lack insight into their condition. People who lack insight will always say they don't need support but they are the very people who need it. 2. Beyond Community Treatment Orders implement ongoing non-voluntary support which can be geared towards a person's need and level of disability. GP's rely on patients walking into their doors and asking for help. This will never happen where people believe they are well. This support can be linked to their pension so that to qualify for ongoing financial support they need some kind of proof that they are doing all they can do to be entitled to this support. Of course this may differ depending on the nature of the illness. 3. Invest money to educate the community not to be afraid of people with mental illness and how they can engage them in conversation. 4. Remove the ""revolving door"" concept where treatment is simply focused on medication. Instead invest in better non-pharmaceutical treatment options / therapies which also focus on lack of insight and make these available to all. 5. Invest more resources into support for family members and carers. "

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

"1. Fix the NDIS to ensure people with lack of insight into their illness still qualify for an NDIS package. 2. Make it easier to refer people to the CAT team for urgent evaluation. For instance in our case, the CAT team asked us to call the police and request a welfare check. We were also told to tell the police to invite the CAT team along. The police were very helpful in organising the

welfare check however they said it would be their decision to involve the CAT team or not. So ... the welfare check deemed it was not necessary to involve the CAT team. It then took the CAT team another 3 days to obtain a police escort so that they could examine the person with the illness, who was then diagnosed as very unwell and committed on an involuntary treatment order. Had a) the police acted as requested or b) the CAT team been able to act without referring us back to the police this would have been so much easier and stopped us from being close to a nervous breakdown. The ill person had records of previous commitments so it should not have been this difficult. For this change, all the resources are on deck ... just requires tweaking the policy to reduce stress and decrease risk to the person with the illness. 3. Implement long-term follow up by either making the GP more responsible to monitor the person released from a CTO or making sure there is some kind support in place which on a non-voluntary basis. "

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

This submission was written by me as a Family Member of a person with a diagnosed mental illness. The opinions in this submission are those of myself and my husband and do not necessarily echo those of the person with the mental illness due to lack of insight. Despite this I am happy with this submission be shared with the public.