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

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N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"I believe that children need to be taught about mental illness in schools with teachers trained in that area. Adolescence should be taught why people decompensate to the point they obtain a mental illness and the signs of a mental illness. Often it is the peers which realize that something is wrong and often an adolescent will confide in their peers not a teacher or their parents. Then they should be guided how to help someone in that situation, how to persuade them to seek help from a trained professional in that area. I think stigma and discrimination can be reduced by students participating in activities such as work shops, role plays and films. They can start to empathize with the people suffering from a mental illness. There was a program that ARAFMI piloted which used people who had a mental illness and carers participating in a workshop. The program seemed to enlighten students as they were able to get to know some people who had a personal tale. Media also has an important role. Films which depict stories that are based on real scenarios where there is empathy for those who have the illness and their carers. Police and paramedics should be trained/ educated in the area so that they have an understanding. There has been many times where I have needed to certify someone so that they can be admitted into hospital under a treatment order and the ambulance has been called and then as they are unable to take the person the police have been called. Many times they have been excellent in the way they have handled the patient but there have been times where there has been a lack of understanding of the paper work, the urgency and how to communicate to the patient. I think that media has helped a lot to break down the barriers and reduced the stigma. This has been done by opening discussions and showing idols suffering mental illnesses such as depression. But there is still room to move i.e. opening discussions about people who suffer psychotic illnesses. "

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?
"To help prevent mental illness I think we need to get to basics and realize that people need to have a community where they feel they belong. Establishment of small communities is important. It's fine to increase the population but development with the idea of a creating small communities where people get to know each other and meet each other should be part of the development not just housing. This is especially important in this age where more people are working from home and students do on line learning. Slovenia is a good example where the villages have areas where mixed generations can meet. For example they have parks with a small part devoted to a children's play ground, nearby but within eyesight is a coffee shop for their carers.Further on is an area catering for adolescence and their music. BQ areas are also within reach. Beyond the park full of natural vegetation are the sports grounds. , I think that general practitioners have a huge role and should have more training in this regard. Having mental health clinicians within a GP's surgery is a great idea so clients are not as hesitant to seek help of a mental health professional. The clinicians can assess the client and by skype talk to a psychiatrist and start medication where

necessary as well as gain the rapport which is vital . "

What is already working well and what can be done better to prevent suicide?
"I think the fact that we, as a society, are talking about it is a good thing. It is helping stop the stigma- the more the stigma is broken, more people will seek help when needed. To help prevent suicide, I think it comes down to educating the public. Through formal education and media. Educating teachers, senior secondary students, general practitioners, paramedics and police so that they understand mental health and can recognize when a persons mental health is deteriorating. They know the basics of assessing someone contemplating suicide and the supports/referrals needed to be put in place. More money needs to put into mental health so those people who are seeking help get the help straight away before a crisis. Also often people loose insight into their illness as time goes by if not helped. This leads to a crisis, which may lead to an involuntary admission or death. The government needs to realize that if they look at cost they will save money in the long run if the above is prevented. Besides the grief; it costs a lot of money when there's an admission and when people suicide. It affects all those involved. This leads to other people seeking help and people being unproductive with their work and families break down. "

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 think that it is hard for people to experience good mental health due to stigma, being able to access good care from the beginning when their mental state is deteriorating and finally when people lack insight into the fact that their mental sate is deteriorating. Often the carers are not listened to. The stigma means that people are afraid to access treatment. If they do try to access it, when they are not acutely ill and at risk of suicide and or hurting someone, often the over worked system turns them away. As a result they deteriorate further often causing complete lack of insight and in the end these a need for an admission. In the long run admissions cost more emotional hardship for them and their carers, the clients are harder to treat and the treatment takes longer/ It is often more complicated and it costs the tax payer more money. I think that often stigma occurs due to ignorance. To overcome the stigma I think the media has a part to play. Mental health needs to be discussed and the general community educated about it. Again education in schools is vital. Also an idea would be to have advertisements indicating symptoms displayed when people start to deteriorate and how and where they can find help. This would help break down the barriers because then it would not be foreign to the general public. The use of the web may be able to help some people if they want to enquire about their mental health and where to find help. I find the media is often quick to hear someone's diagnosis and stick to it eg use of the diagnosis of schizophrenia instead of thinking the person may be a psychopath in a drug induced psychosis. A person needs to have the same presentation for six months before being diagnosed schizophrenia. It would be impossible to diagnose if it was a new presentation if the person is taking psychotropic drugs which would cloud what is happening to a person underneath.. I think to help an overly stretched system and help people in the early stages of deteriorating would be by providing help within GP's clinics. If stigma was a problem with the person seeking help, no one would need to know if it was a mental health problem or a physical problem as they are in a GP's clinic. It would be an advantage if there was advertisements in GP's surgeries displaying that they are happy to review people with mental health problems and there was a mental health clinician within the surgery. These clinicians would be cheaper than psychologist, be

able to do a mental health assessment and contact with a psychiatrist through skype or messenger. If necessary the psychiatrist could advise on the treatment plan and medication the client could commence. This way the clinician could gain repour which is vital for clients and provide times where they could visit more regularly than the psychiatrist thus save the psychiatrist costly time. When necessary, they could visit the clients home. It is often when clinicians visit a persons home that they are able to see the client holistically and treat accordingly. Of course risk would be assessed and safe guards would be put in place. As well the clinician would be able to referrer where necessary, linking the patients to other services when necessary. I think there should be a general phone number that people can ring which is well know. The person can be quickly triaged and then be linked to the appropriate service straight away. If a person is within the mental health system I think it is vital that there are proper review meetings with the team who are looking after them. This includes the psychiatrist and their clinician. Within the team their are often very experienced clinicians and clinicians who come from different backgrounds. They all have a vital role to play in helping clients get better. The chief clinician looking after their care can then deliver to the patient their options in great detail, in lay terms, so they understand and can consent properly to their treatment. If the client lacks insight I think the above should be done and they can then be guided as to what care would help them. At all times their carers should be involved as they are the people looking after the clients. They need to understand their care. If the client does not want them involved then they cannot look after them. The history of clients should be taken from the carers as often they can provide good insight of why a person has deteriorated. They should also understand the treatment and why it was initiated. "

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

"I think the drivers behind some communities in Victoria experiencing poorer mental health outcomes is loneliness, lack of understanding, resources and addiction. People need to feel they belong in a community and have places for recreation as well as areas they can be with nature. Even in the poorest areas people can be wealthy in their sense of wellbeing. Presently there seems many areas developed where there is no sense of this. Developers need to design communities and not just want to build the quickest cheapest houses as possible. The problem is that unless the above is done the people who buy into these developments end up costing the government money as they become ghettos, havens for crime and loneliness becomes an issue where peoples mental health is compromised. There should be small pockets of communities where people get to know each other. Apartments don't need to be so big. Within the apartments there can be the above. There could be a local coffee shop where people could meet, and a community roof top garden. A few apartments could be circled around areas where they can play sport with each other and go for walks with each other in the bush. Australia has the room to provide the above. I think that the community teams need to go back to what they used to do so well. In the team I belonged to we had different areas and took on all the patients in that area except if the case load was too large or small. In that case we would either help other clinicians or have a clinician help us. We would do initial assessments where necessary,treat and discharged clients. This meant we knew the client well and visa versa. It meant that we could assess them easily and they did not have to tell their story again. It meant that clinicians felt they were using their skills I think that having patients who are on a depot (i.e. an IM injection given when a client needs to have it to keep well and they refuse to take their medication), pay for it is a terrible mistake. Clients do not want to take it in any case pay for it. These people are usually on pensions as well. When they refuse to pay for it, they deteriorate and end up as an admission. To say that a clinician can apply for a client to have their medication paid for by the government and fill out a 4

page form when they are already busy is questionable. When the client has improved they should be discharged back to the GP and clinician in the GP's surgery. A plan which is simple and easy to read should be given to the client, the GP and the clinician. No medication should be changed unless they are properly reviewed by the psychiatrist. Many times when a clients medication is not properly reviewed the client deteriorates to the point they go back to hospital. "

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

The family and the close carers should be involved in the treatment and plan of the clients as they are the ones looking after the clients. They need to be listened to when they contact services and GP's if they are worried about their loved one. They know the history and the client. They need education about the illness the client has and how the system works so they can understand the treatment and why the client acts the way they do. Counselling should be available for them. Carer groups should be made available to them. Families can be split from having a member having a mental illness. Family therapy is a very good therapy when it is conducted properly. Towards the end of family therapy family members and or close carers are able to understand what has happened from everyone's prospective. As a result there is a general understanding and no blame. Thus there is often more support from members.

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

"To attract more mental health workers there needs more education amongst the public what the work entails. This could be part of the education discussed previously. Conditions need to be improved. Stress is rampant within the service. There needs to be outside help for staff, including private psychiatrists and private hospitals available. As it is related to work the help should be free. Staff should be consulted about ideas of change that are supposed to help make their work more efficient, to ensure those changes are going to help. Reintroduction of team meetings should be mandatory. Time should be allocated to help clients get better properly. Staff should be organized properly so annual leave is taken easily and social activities within teams should be encouraged. Conditions could be improved. Within the wards shift work could be done on a permanent basis. That is if it suits a worker to work in the morning due to her/his commitments she/he should be allowed. Those who prefer afternoon shifts the same thing should happen as with those who prefer night shift. I worked in a general hospital where this happened and people wrote on a roster what they wanted. They could also request a shift or a day off if there was something special. As everyone knew there needed to be a certain number of people each shift, the roster was usually filled with no changes. However, if there was a need for an alteration the unit manager could do so. Everyone was happy with this. There is a lot of talk of the stress police, paramedics and teachers have. But there is less talk about mental health clinicians. Often in the community they are the first to arrive at the scene when someone suicides or someone needs to go into hospital under an assessment order. They often know that person and their family very well. I think this is very traumatic. Besides the grief they can feel, they may feel guilty because they may think if they had done things differently it may have been prevented. Added to this stress their notesl go to the coroner if it is a suicide. Thus three are legal implications as well. This is extremely stressful. Often there are changes the hierarchy implement. These changes can be beneficial but sometimes it means there is more paper/computer work the clinicians need to do. Often these changes are not able to be implemented due to hic ups in the computer system. There is nothing in place so the clinician again has to do more paper work to cover that aspect until the computer

system works properly, which could take months.If there are going to be changes to help areas be more efficient why can't the people who work in those areas be asked what they think would help.

In some places community team meetings are non existing so there is no support from other members of the team for clinicians, who can come from different disciplines and thus be quite helpful. As well they don't obtain more education on different treatments provided. There is a rush to discharge people from the service so the treatment is often only a band aid and the client deteriorates quickly to be back in the service again which costs more money and an emotional upheaval. The clinician feels they are not doing their job properly. Thus team meetings are important and band aid therapy does not work. More time should be allocated to get people well before they are discharged. Due to the stress mental health deterioration within the staff is high. However staff are reluctant to seek help within the facility due to stigma, other staff finding out about their deterioration and they worry they may loose their jobs. They are most likely never want to be admitted to the facility they work in. Often they will conceal their deterioration. I think the only solution to this is for staff to have access to private psychologists, psychiatrists and hospitals. I think that as the work is stressful and emotional 'burn out' is common. Either clinicians become hard or become too involved, taking work home with them at the detriment of themselves and clients. Thus I think that it is important for a social net work to be encouraged. Where they can enjoy themselves with other staff and feel a feeling of belonging. Clinicians should be encouraged to do other work which does not involve peoples mental health for a time and annual leave needs to be extended. Clinicians should be encouraged to have large chucks of leave so they can relax and forget work. Within the community teams there should be a clinician who helps people when they are on holidays as often clients are allocated to other clinicians who already have a large case load. Thus prior to a clinicians holiday they will try and see as many of their clients as possible so they are at less burden on the other staff. As a result by the time they do have leave they are exhausted. . "

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?

"There should be 'drop in' centres for people living with a mental health issue if they need social activities. Part time work should be offered which could increase in hours as the person improves. The government should back this with the understanding the client will have permanent work in the long run. Unless there is a meeting where the client feels they cannot cope and needs more professional help. The NDIS should affiliate people with and their carers/ families who are suffering from mental health issues. If a person does work with a mental health issue they are often struggling with other parts of their life e.g. domestics. Often it becomes too difficult for them and they deteriorate. The NDIS should help them with this aspect. Carers/family often have to devote time in helping the person suffering . They need to be given financial help. Career guidance could help. When people are discharged from hospital, and in GPs surgeries these things should be advertised and the appropriate education given. This should include where they can get help and including groups. Mental Health Clinicians should be aware of the help available and refer where necessary. . "

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?

"Educate the general public including adolescent school children, paramedics, police. teachers and GP's about mental health. For mental health treatment to commence as soon as there is an

alert that someone is struggling. Have mental health clinicians in GP's surgeries. For them to work closely with a psychiatrist and follow the client's various steps in his or her mental health and its recovery.This may be a referral to an outside agency and the commencement of medication the psychiatrist has recommended when the client was reviewed. For the wards not to be clinical and have areas where clients can enjoy nature and have rooms that can be used when they seek to be private. For rehabilitation to commence when the client is able. For clients to be discharged when they are able to function and their mental health has improved with proper treatment not band aide help. When they are discharged back to the community it has to be at a valid address and they need to be followed up by clinicians. For GP's to follow up and realize that if they feel there should be a change in medication they need to, liaise with or have the client reviewed, by the psychiatrist. All paper /commuter work needs to be relevant, easily accessible, not repetitive and user friendly so that there are easy transitions and clinicians do not have unnecessary paperwork. There needs to be proper review meetings of patients so the team can have an input and then the options can be discussed with the clients and their carers/family so they can choose the line of treatment if there is a choice and consent properly to their treatment. For clinicians to work in the same geographical area so there is not so much travel and they get to know the areas as well as agencies and what they have to offer so referrals of the client are relevant. If a client is on a depot they should not have to pay for it. Clinicians should be part of the clients mental health pathway from the beginning so clients do not feel they have to keep telling their story and there is repour. "

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

To prepare for the changes the surveys should be studied. Education and advertisement is necessary and changes should be implemented gradually. Those whose jobs are being effected should be able to set up teams who are open and transparent and happy to listen to others ideas. These teams implement the changes but with consultation of the board who they are able to discuss better options and implement them where necessary. The board who heads these changes should include people who have been affected and are good spokesmen. This means that all are involved.

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

Thank you for giving me this opportunity to share my views. I think this is very important and hopefully it will help make us a better society.