

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

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## Name

Anonymous

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

"Education and awareness campaigns to be undertaken by social and community service organisations. Media including print, TV, radio and online social media can play a big role in improving community's understanding of mental illness or mental health issues, and can reduce stigma and discrimination in the society. Advertisement also can play a major role in this. Education and awareness among mental health and social sector professionals themselves and among other professionals is an important task. A significant number of professionals in the social sector themselves suffer from mental health issues such as anxiety, depression, PTSD etc. Stigma prevents them from seeking help initially or for longer periods of time. Many a time staff are discriminated based on their mental health issues and labelled as not fit for this work. There needs to be very comprehensive and unbiased strategy for them to receive support and continue to do their work with support from the service. "

### **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?**

"Adoption of the Mental Health Act 2014 with emphasis on recovery model of practice (clinical recovery and personal recovery), OCP guidelines for working with carers and families, early interventions programs for families and children with the launch of FaPMI strategy in 2007, and the strategy becoming a full fledged program in 2016, with all 21 AMHSs employing full time FaPMI coordinators, myself being one among them. However, even after 12 years of its launch, the program is not well accepted by most of the AMHSs. Recovery model of practice is still a myth, and the mental health interventions are predominantly medical model based. Public mental health system is still operating on a crisis driven model. There is major resource issues and significant staff turn over due to burn out and lack of support for their mental health and well-being. There is also bureaucratic and bullying culture prevailing in services. There needs to be innovative strategies to support staff and maintain staff retention. Besides, there is a work culture that doesn't allow new ideas or change to occur. There is stiff resistance to family focused approach being embedded into the clinician's practice. Clinicians maintain that it is not their core business. Having been in my role as FaPMI coordinator for 30 months now, I have been quite disappointed and frustrated about not being able to implement the FaPMI program in spite of my best efforts. It's an excellent program and it needs to be driven by the leadership of services. The Dept needs to come up with some strict implementation plans and services need to be made accountable for its implementation on the ground. Collaboration with network partners and community service organisations (third objective of FaPMI strategy) is to be strengthened. This will help early identification and support. FaPMI program has a major role to play in this space, and hence this program needs to be enhanced and strengthened. Stigma is a huge issue. Confidentiality and privacy issues come in the way for services to intervene early and help those who need support to seek support. As stated earlier collaborative practice is the key. The mental health branch of the

DHHS needs to be more pro-active, and should develop policies and directives to make AMHSs more accountable. Lack of collaboration among different services is impacting on the quality of support consumers and their families receive. "

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

N/A

**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.**

N/A

**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?**

"The FaPMI practice standards audit tool deals with needs of the families and carers. I have been trying very hard for the last two years to orient the workforce (both MHS and community service organisations) about FaPMI the program, and initiated quite a few strategies to influence the workforce, but it hasn't been received well across the division. This is why I had to send the email to the leadership with my concerns and suggestions. Unfortunately, the past line managers responsible for supporting me and driving this program in the MHS didn't fully understand and imbibe this program. However, I have been very proactive and passionate about implementing this program as a person with lived experience. I believe there needs to be accountability towards the consumers and families (it is their right to receive family support)."

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

"Increase resources and suggest strategies for staff well being and retention Change of work culture-more experienced staff are resistant to change Model of care review-recovery model in its letter and spirit Promotion of family focused practice-FaPMI program should become nucleus of family interventions including reducing the impact of parental mental health issues on children. Transition from crisis driven model to recovery model - the bio-psycho-social model FaPMI program needs to be expanded with a team of social work trained clinicians and headed by an experienced manager in this program, and drive this program with the leadership. Currently this position is stand alone and lost in the service, and our line managers do not understand or drive it. "

**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?**

N/A

**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?**

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

"A revamp of the mental health system and structure I would recommend to carve out MHS branches from the general health services and brought directly under the Department (DHHS) and work along with Child Protection, AOD services, Family Violence Services as these four services are closely linked. This will facilitate better collaboration among these services. Clients will get better services in a coordinated way."

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

"I am a professional social worker with 28 years' experience in the social sector including 10 years in statutory child protection (with SA and VIC Govt Departments) and over 7 years in mental health (5 yrs in India). I have a Master's Degree in Social Work, an MPhil Degree (post Masters-clinical) in Psychiatric Social Work, and a Doctorate Degree in Mental Health Social Work from ██████████ University, Melbourne (2018). I joined in my current role as FaPMI (Families where a parent has a mental illness) Coordinator in February 2017. The FaPMI program is a DHHS directly funded program being implemented in all 21 AMHSs in the state since 2007 to enhance the outcomes for consumers, carers and their family members, especially children. It is an early intervention strategy and it takes a whole of community approach to achieve the best possible outcomes. The overall aim of the FaPMI program is to reduce the impact of parental mental illness/mental health issues on all family members, especially children. My role as FaPMI Coordinator is a stand-alone position in the MHS division. My key responsibilities include providing education, training and consultations to specialist MH clinicians and network agency practitioners to build their capacity to work with families where a parent has a mental illness or mental health issues. This involves family focused approach being embedded in their practice, and working collaboratively to help consumers/clients in their recovery journey. I also provide family consultations to consumers and their families and support service delivery via strengthening networking with other community service organisations and coordination of resources. Although I am based in a bigger regional office, I travel to other regional locations and spend at least one day a month in these offices and provide consultations and support to the clinical staff. I also undertake additional travels to these locations based on needs. I have been trying very hard for the last two years to orient the workforce (both MHS and community service organisations) about FaPMI the program, and initiated quite a few strategies to influence the workforce, but it hasn't been received well across the MHS division. Unfortunately, the past line managers responsible for supporting me and driving this program in the MHS didn't fully understand and imbibe this program. However, I have been very proactive and passionate about implementing this program as a person with lived experience. I believe there needs to be accountability towards the consumers and families (it is their right to receive family support), the Department and the Govt. I have been supporting staff to adopt family focused approach and achieve best possible outcomes for our consumers and their families. "