

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

Organisation Name

N/A

Name

Mr Damien Hurrell

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

N/A

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?

N/A

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.

"I write to bring to your attention to what I believe is a weakness with the way that mental health care interacts with acute health care. I am an Intensive Care Nurse and have been working in the public health system for over 20 years. In that time, I have many times seen the following scenario occur: A person attempts self harm by intentional overdose and requires life support while the effects of the drugs wear off. At this time, the person is incapable of giving consent, and their primary complaint is the physical effects of the drugs they have taken, so treatment is provided either with the consent of a substitute decision maker, or under the duty of care provisions of the Health Act. Once the acute symptoms are resolved life support is no longer required and is removed. Often there are some lingering sedative effects, and whether because of those effects or whatever other reason, the person at this point in time is usually content to wait for psychiatric review - a review which has been requested by the acute care team because they are concerned about the risk of the person's mental illness precipitating further attempts self harm. At this point however, the person is generally considered to be a voluntary patient under the health act. Eventually, the medications wear off to a point where there is no reason to continue acute health treatment and monitoring. At this point, the acute health team wish to discharge the person either home (if safe from a mental health standpoint) or to the care of a mental health team, but because of workloads and the need to prioritize people requiring urgent psychiatric review, the psych team has not yet seen the patient. In the entirely reasonable view of the overworked psych team, the person is voluntary and being cared for in a relatively safe place, so they prioritise evaluation of other people, who cannot be described this way. The patient remains a voluntary patient under the health act, but there is often a spoken instruction that they are not to be allowed to leave, and that they will be placed under a Mental Health Act assessment order if they attempt to do so. But at some point the person gets tired of waiting and tries to leave. Perhaps they are making a reasonable and informed decision about their ongoing care, or perhaps their mental illness is causing them to make decisions that are dangerous to their safety - the acute staff are not

equipped, or indeed empowered, to decide. Often at this point there is a phone call made to the psych team, who respond they will attend when they can, but are unable to provide an immediate response. Sometimes the Mental Health Act is used as a threat: "If you don't stay, we'll section you". But if the person is determined to leave, staff are instructed to hold the person against their will pending an assessment under the Mental Health Act - although usually there is not time to complete the requisite forms. Of course, the person is generally unhappy with this, and this is often the point where abuse, threats of violence or actual violent attacks occur. As the patient is now subject to the provisions of the Mental Health Act and may be presenting a threat to themselves and others, they become a much higher priority for the psychiatric team, who comes to see the patient. In many cases, they conclude that the person does not meet the requirements for involuntary inpatient treatment and clears them for discharge, although it is not uncommon for a temporary treatment order to be put in place. This is a scenario that has played out, with minor variations, all too often through my career. There are a number of issues which I would hope that the Commission might be able to explore: 1) the destruction of trust between health care providers, health care services, and people needing mental health care that this pathway creates. 2) the way in which neither the person receiving care, nor the carers, receive the protections of the Mental Health Act for most of the time in this scenario 3) the (no doubt unintentional) creation of a system that creates frustration and delay at every point until a crisis is created 4) The way in which the above system system "rewards" people for violent and threatening behavior by expediting their assessment 5) the gap between the application of the Health act and the Mental Health Act. If acute mental health services were funded and organised in such a way that referrals were actioned quickly, many of these issues would cease to be troublesome. However, I lack the expertise to make suggestions on how that might be achieved: I just hope that this story may provide the commission with a starting point for its investigations into the interactions between Mental Health Care system and the physical health care system. "

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?

N/A

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

N/A

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?

N/A

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