

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

SUB. 0002.0006.0019

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

"* For many people the 'Mental Health' label is frightening and may deter them from seeking help. Perhaps in the early stages refer to their symptoms as stress. * Many people do not want a mental health diagnosis as it may affect their employment opportunities, may affect their ability to obtain travel insurance and life insurance. It may also affect their chance of having shared custody of their children in a marriage break-up. * The body is a web with everything connected. Mental health should be marketed as part of a person's overall health and well-being. * Many things can cause a person to have a low mood, including but not limited to - insomnia, hormone imbalance, vitamin and mineral deficiencies, elevated metal levels in the blood or problems with the gut. These should be investigated before antidepressants are handed out. * Depression is a symptom that the body is out of balance. We need to treat the whole person (holistic person centred approach). What happens in the body affects the brain. What else is going on in this person's life - issues with work, relationships, money & housing. * The Australian Governments have repeatedly failed to prioritise mental health spending, resulting in increase rate of mental ill-health and suicide. Any funding they do commit focuses on hospital networks instead of the community."

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?

"WHAT IS WORKING WELL * Men's shed for the men who choose to attend. * Maternal and Child Health Nurses (MCHN) program to care for the mother and baby after childbirth and beyond is a good support - with additional funding it could be even better. * It works well for Beyond Blue to raise awareness of anxiety and depression in teenagers and young adults by visiting the schools. When sports celebrities speak out in the media it also raises awareness. However, the follow-up diagnosis and care is lacking in the community. Hence the need for this Royal Commission. * The mental health care plan is a good initiative to allow for cheaper consultations by psychologists. However, it still costs money which may put it out of reach for many people, and the number of visits is restricted to 10 sessions which maybe insufficient for many clients. Often not taken up by males as many believe that 'real men don't do therapy', perhaps it needs to be called something else such as ""mentoring"". * ""Headspace"" appears to be accepted by the 12-25 year old and their services are well utilised however, headspace is not suitable for clients with more complex mental health needs or the suicide attempt survivor. WHAT CAN BE DONE BETTER Men and women have different biology and experience different mental and physical health issues throughout their lives. A GENDER FOCUSED APPROACH is required to ensure quality health care outcomes. (National Men's Health Strategy 2020-2030, Dept of Health, 2019. National Women's Health Strategy 2020-2030, Dept Health, 2019) The World Health Organisation (WHO) released the following statement ""To achieve the highest standard of health, health policies have to recognise that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities"". There is a need for all health professionals to

have specific training on the needs and behaviour of men. This could be conducted by 'Andrology Australia'. There is a need for specific training on the needs and behaviour of women. This could be conducted by 'Jean Hailes for Women's Health' I urge you to develop a THREE TIERED APPROACH to mental health care. (1) In each municipality develop a "HEALTH AND WELLNESS CENTRE". It would be multidisciplinary and gender focused, with an aim to recognise and treat mental and physical illness in it's early stages. (2) For people with diagnosed mental health issues it has been identified that the most effective care would be provided by developing "COMMUNITY MENTAL HEALTH HUBS" in each region. These Hubs would provide 24/7 walk-in assessment, referral and services for client's ongoing healthcare. (3) Develop a "SHORT STAY SERVICE" for clients not requiring admission to hospital but still in need of professional support for suicide thoughts

- * In the current healthcare system the mentally unwell adult has nowhere to go to seek help. The local GP is often not able to recognise the indicators of mental ill-health in the short consultation time available. Many offer antidepressants without understanding the side effects of the medication - one side effect is suicide thoughts.
- * Medical practitioners often fail to recognise that health is influenced by a complex range of factors that need to be addressed before improvement is possible - employment, financial, family, homelessness and drugs. Focusing on mental illness in isolation to what else is going on the client's life has limited impact.
- * Often clients are not referred to a psychiatrist for a number of reasons including - shortage psychiatrists, reluctance of client and the high cost of consultation.
- * The healthcare system is fragmented and poorly resourced. It is difficult to navigate the system. Pilot programs are given funding and they disappear the next year.
- * The government needs to improve the training and capacity of all staff.
- * Victoria requires a 'person centred' integrated approach to service delivery.

WOMEN'S PHYSICAL AND MENTAL HEALTH

- * There are a range of different physical and mental health risks and needs of females at different stages of their life and a 'Life Course Approach' to their care should be implemented.
- * Investment in health awareness, education, service delivery and research at these key stages maximise their positive health and well-being outcomes.
- * They need a service system attuned to their needs during the different stages of their lives.
- * Women's health outcomes are influenced by partner, family, work place, communities, healthcare providers, educational institutions including childcare.
- * The unique needs of the different population groups of females should also be acknowledged.
- * Good health commences at pre-conception and relies on a healthy women and ovum and a healthy man and sperm.
- * Adolescents and young women are vulnerable to body image distortion and eating disorders, reproductive health issues, peer influence, anxiety, depression, self-inflicted injuries and suicide attempts.
- * Women are at risk of developing mental health issues during pregnancy and the following year after birth which could include - fertility issues, miscarriage, stillbirth, prematurity and post natal depression.
- * Menopause can affect women's physical and mental health.
- * Other factors that have an impact on women's health include - abusive relationships, substance abuse, not prioritising their own health needs, finances, relationships, and work/life balance.
- * Women often feel more comfortable with a female medical practitioner who specialises in women's health

MEN'S PHYSICAL AND MENTAL HEALTH

As the adolescent brain does not reach maturity until the mid twenties, the adolescent has less capacity than the adult to make evaluated decisions.

- * Using health services can be at odds with the man's perception of masculinity.
- * If men do visit a GP they do so at a later stage of illness, they have shorter consultations and they only raise "one issue at a time".
- * Often medical practitioners find it difficult to form a therapeutic alliance with men and would require more training in men's health and behaviour and also the communication style of men. Men may prefer male practitioners.
- * Men need a 'Life Course Approach' to their care and a service system attuned to their needs.
- * Childhood - may experience anxiety disorders and accidental injury. Often the early signs of mental disorders are becoming evident and need to be

accurately diagnosed and treated. * Adolescence - risk taking, peer pressure, unhealthy lifestyle choices, may experience self inflicted injury or suicide. * Adult - often a stressful stage of life - becoming a father, employment issues, financial distress, unhealthy behaviours and relationship problems. * Many adult males have traditional beliefs of being strong and a good provider and may have concerns about family and mortgage repayments. Often the man doesn't recognise that the insomnia and irritability he is experiencing requires treatment before he spirals down into a state of despair. * Older men - may experience ill-health, loss of a partner, financial difficulties, retirement and loss of purpose. These issues could contribute to the over 85 year olds having an increase risk of suicide. "

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

"Nothing is working well and our suicide numbers continue to increase. * A number of [REDACTED] staff are poorly trained and inexperienced. Often not able to recognise the vulnerable state and possible suicide intent in clients. This may result in client being sent home still experiencing suicidal thoughts and then taking their own life. * [REDACTED] staff should have a 2nd opinion from their supervisor before releasing client. * Unfortunately, [REDACTED] only have two options - admit client to hospital or send them home. There needs to be a ""Short Stay Service"" for clients with thoughts of suicide. * The complexities of suicidal thought and behaviour escalating down rapidly to psychosis results in misdiagnosis in many levels of care. Clearly more research is required considering family history, trauma, serious illness, binge drinking and drug taking. * Need to develop a rapid response to suicidal crisis with highly qualified and empathic staff delivering it. The client should be assigned a case manager for ongoing care. * The under 12 year old and over 25 year old are not catered for in existing services. * Frontline health care workers require ongoing support for their own mental health. WHAT CAN BE DONE? We need to take action now as people are dying while we have another commission, more research funded, more working parties, more policies and proposals written while our suicide rate continues to increase. It requires a three tiered approach- 1. Establish a ""HEALTH AND WELLNESS CENTRE"" in each municipality. It would be multidisciplinary and gender focused. It would be the umbrella of all the health and community services in the area. It would integrate - prevention, education, diagnosis and treatment which would be evidence-based. It would recognise the Life Stages and the difficulties surrounding them. 2. Establish ""COMMUNITY MENTAL HEALTH HUBS"" in each region for people experiencing complex mental health issues. These hubs would provide 24/7 walk-in assessment, GP's and allied health professionals, specialist psychiatric care, psychology services and relevant mental health support programs, social and community support in areas such as housing and domestic violence. It would also include drug and alcohol counselling and vocational support. Clients would be given assistance in navigating additional services using online and telephone access. 3. Establish a ""Short Stay Service"" (half way house) for people with thoughts of suicide. It would not be in a hospital but perhaps a large house or perhaps a section of a designated hotel could be used. Qualified staff would be there to support and assist the client get back on the road to recovery. After a couple of days client may be able to leave the service with an identified team to assist the progress to wellness. Universities and researchers would partner with the above models of care. As more research is required in recognising signs and symptoms of mental ill-health, of suicide intent and into new and novel treatments for these clients."

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.

"WHAT MAKES IT HARD FOR PEOPLE TO EXPERIENCE GOOD MENTAL HEALTH? * Clients may find it hard to understand the role of sleep in depression. * Clients may believe that what they are feeling is normal. * Clients often think they can 'fix their own mental health' but don't realise that the decline from depression to psychosis can be rapid leading to tunnel thinking and perhaps suicidal thoughts. * Ante-natal and post natal depression can be debilitating to the new mother and early recognition and treatment is vital to her mental health and mental health of the infant. * It is only in more recent times that post-natal depression has been recognised in the new father and he should be tested for it regularly and treatment given. * Governments need to investigate the way that the media is used to forge a division between men and women. Women have to endure constant reference to their looks, weight, low self esteem and clothing choices. Men are often portrayed as abusive, dumb and unworthy. * Mistrust of the health system and government. * Fear of being locked away in a mental health facility. WHAT CAN BE DONE TO IMPROVE IT? * Prevention of physical and mental ill-health should be considered across the lifespan. Making the way for a trusting relationship to be built between the client and their local "Health and Wellness Clinic". * Additional training for all staff to improve their understanding of the subtle signs of mental ill-health. * Additional training for all staff on the different signs and symptoms males and females demonstrate when suffering from mental or physical illness. * Health care workers to embed mental health observations and discussion at every consultation. * Apply a gender informed lens and tailor initiatives to the particular target group. * Pre-conception consultation and education. May include family history, current health. also discuss healthy lifestyle behaviour for male and female. * The birth of the baby and the year following the birth is a stressful time for the mother and the father. Ongoing education and support for the couple could be given together and also individually in "'Mother's groups' and 'father's groups'. * From birth to 3 years the infant is monitored by the Maternal & Child Health Nurse (MCHN) and relevant immunisations are given. The family unit should be continually monitored by the MCHN during this time. * Health screening all kindergarten children and monitoring their development and mental health behaviour should occur. It could be combined with the 4 year old immunisation. * Encourage year 7 students to attend the 'Health and Wellness Clinic' for their immunisations. A mental and physical health check should be done at the same time. * Encourage year 10 students to attend the 'Health and Wellness Clinic' for their immunisation and a physical and mental health check-up. * Encourage the year 12 students to have a physical and mental health check. It could include sex education and reproductive health. * Encourage adults to organise an appointment each year at the 'Health and Wellness Centre' for a physical and mental health check-up. (more often if client has concerns)"

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

"WHAT ARE THE DRIVERS BEHIND SOME COMMUNITY EXPERIENCING POOR MENTAL HEALTH? * The cost of the service. * Availability - limited GP hours (not useful for the working client). * The fragmentation of services (GP in one town, pathology in another, psychologist somewhere else). * Remote areas may lack a qualified psychologist and psychiatrist.. * Transport issues. * Lack of trust for the medical profession. * Many health professionals lack the understanding and sensitivity for the complex needs of minority groups. * Disability, drugs and alcohol addiction. * Health workers in silos. Client with multiple issues being shunted from one provider to another. * Scared of being diagnosed with a mental health issue and having it documented on their medical history. WHAT CAN WE DO TO ADDRESS THIS? Have a 3 tiered approach to addressing this issue. 1. Have a walk-in "Health and Wellness Centre" in every

municipality. - This multidiscipline group of professionals would be available extended hours and weekends. - Staff from the Wellness Hubs could go into schools and talk to the students on physical and mental health issues and encourage them to have a 'wellness' check-up at regular intervals. Staff could speak at sporting clubs, service clubs and workplaces. Staff could also address parents at play groups, childcare services and kindergartens. By meeting the staff of the wellness centre the adults may be more comfortable to attend the clinic. - Prune back the funding for little known health organisation. The remaining organisations would come under the umbrella of the 'Health and Wellness Centre'. - Continuing education for all health professionals. - Treat all clients holistically encompassing all aspects of the client not just the disorder they present with.

2. Have a walk-in "Mental Health Hub" in every region. - This would be a 24/7 multidiscipline assessment, referral and service for clients experiencing mental ill-health including all complex mental health issues.

3. Have a "Short stay Service" in every region. (set in a home-like setting with qualified staff) - Clients who refuse admission to the mental health ward of the hospital and are experiencing suicidal thoughts would use this short stay service for 2-3 days - Qualified staff would be there to support the client and keep client safe - Client would be discharged from the service with a case manager and an identified team to support their recovery "

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

"* Use the time the client is an inpatient at a mental health facility to have education sessions and small group activities to the level the client can manage. * Have therapy dogs in the hospital and music and singing activities, also art and craft. * Encourage family members to take client for short walks to the local park or coffee shop. * Include family members in weekly team meetings. * Provide a social worker appointment for the family to discuss the family's capacity to cope, and what support will be provided for the client and family after discharge. * Do NOT allow clients to have access to their own phones while in a mental health facility as harassing phone calls may result. * More research to be conducted on 'Mental Health and Relationships'. The client with mental health issues is often angry with reduced cognitive and reasoning ability. Frightened by what is going on in their head the client often blames the partner, extended family, boss and workplace colleagues for their health issues. * If the client's mental condition includes psychosis they may be accusing and hurtful towards their family members. Some clients become estranged from their family and will not accept support resulting in deteriorating health outcomes. * Family members should be offered counselling and help in understanding the affect mental health illness has on the client's feelings, behaviour and relationships. * Ensure client has a case manager and is followed up when back in the community."

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

"* Cash incentives and free university places for qualified doctors to complete additional training in psychiatry. There may be other health professionals able to up-skill to psychiatry such as - osteopaths, physiotherapists and nurse practitioners. * Cash incentives and free university places for health professionals of other disciplines to complete a post graduate course in psychology such as - social workers, occupational therapists, music therapists, nurses and teachers. * Psychiatry and psychotherapy courses are long and costly. The salary is not high when they graduate which is a deterrent from choosing it as a career. * Indemnity Insurance is a massive cost burden for contract psychiatrists and other health professionals. Perhaps the government could cover the cost of the Indemnity Insurance including the 'run down' for the five years following retirement. *

Debriefing for all staff especially the contract mental health staff who work without a supervisor, * Many staff are scared of working with mental health clients who are unpredictable and may suicide. * Revise the curricula of 'Relationship counsellors' and 'Family therapists' to include mental health, and the way men and women experience it differently. * Universities to include a mental health component to each curriculum for all undergraduate courses in medicine, health, teaching, sport and the welfare sector. * Compulsory in-service training for GP's and all staff to gain a greater understanding of the subtle signs and symptoms of mental illness and the appropriate treatment and supports. * Having a "Health and Wellness Centre" in each municipality and a "Mental Health Hub" in each region would assist the staff as well as the clients. Both facilities would be client-focused with a team approach. Staff would have support of their colleagues and a debriefing service available to them. * Train and include non-medical people in the team. OTHER MEMBERS OF THE TEAM COULD INCLUDE - * A "Life Coach" could assist the client move back into society and generate enthusiasm for life, work and relationships. * Volunteers with lived experience in mental health could be a mentor and support to client. * Gain assistance from local businesses to support the clients of the "Health and Wellness Center". * Partner with businesses in the local area to assist with training for clients who feel they are ready to move back or commence in the workforce. * Collaborate with the local relationship counsellor to give half a day per week 'Pro bono' to the "Health and Wellness Centre". * Collaborate with the local solicitor to give half a day per week 'Pro bono' to the "Health and Wellness Centre". * Collaborate with the local accountant to give half a day per week 'Pro bono' to the "Health and Wellness Centre". * Collaborate with the local hairdresser to give some time each week 'Pro bono' to the "Health and Wellness Centre". * Have a staff member from the 'Citizen's Advice Bureau' assist unwell clients to activate the 'hardship' clause with their financial provider to defer credit card and mortgage payments for a couple of months. They could also assist with food vouchers, accommodation and 'Centerlink' applications. * Make more use of volunteers. The number of retired people increases each year. A high percentage of retirees would volunteer if asked. Retiree skills could be used to help clients in a number of ways - spending quality time with the client, teaching client to play golf or other sport, play a musical instrument, sing in a choir, cook, make barista coffee, resume writing and interview techniques. In collaboration with the local 'op-shop' the clients could be assisted in clothing choices for their job interview and commencement of employment. Men's Shed volunteers could teach carpentry skills to clients. "

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?

"* By having a "Health and Wellness Centre" in each municipality and a "Community Mental Health Hub" in each region. Clients need assistance with all of their problems not just their depressive symptoms. It is important to look at what is causing the distress as it could be a range of medical and non-medical factors. It is also important to look at what is going well in client's life (strengths) and build on these. * There is a need to empower client to have a central role in their physical and mental health alongside the professionals (action focused). * Have a section of the "Health and Wellness Centre" designated for Men's Health. Decorate the clinic with subtle health messages and images to empower men. * 'Headspace' should have a designated section of the "Health and Wellness Centre" * A different section of the "Health and Wellness Centre" should be designated for women and young children. Powerful messages on women's health should

decorate the clinic and information on all the services provided should be readily available."

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?

"* HAVE A BLENDED MEDICAL AND PSYCHOSOCIAL MODEL OF CARE. * We require the media and community to create a culture that inspires each person to improve their health and well-being. * Have a Life Course approach - holistic, affordable integrated care. * Have education, awareness, health interventions and treatment at those key life stages and maximise mental, physical and social health throughout life. * Recognise that the women's experiences of mental and physical illness are different to the experiences of men, and the importance of developing gender specific services. * Enhance gender specific mental health education and primary prevention and embed mental health checks in all aspects of health. * Embed in the curricula of pre-school, primary and secondary teachers a mental health component to enable teachers to recognise signs of mental ill-health. Also the teachers the mechanism to document their findings. * Assess the capacity of all mental health workers and upgrade their training. This could include and understanding that not only do men and women react differently to disease they also react differently to medication. Conduct additional training for staff on the differences in communication styles between males and females. Encourage specialist medical practitioners in the areas of men's and women's health. * Design more accurate screening tools to aid diagnosis."

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

"This is a community issue and it requires support and commitment from all levels of government, the media, community groups, teachers, businesses, medical providers, 'Centrelink', Medicare, private health insurers, real estate, philanthropic, employment agencies and client to work together. The 'Reducing the road toll' campaign has been very effective over the years, perhaps we can conduct something similar to improve mental health and stop suicides. We require a campaign to raise awareness of the importance of a good night sleep and highlight insomnia as being a contributing factor for depression. Raise community awareness of how the constant use of electronic devices could contribute to anxiety and depression. Schools should limit the use of computers and encourage student to use their handwriting skills. Deal with homelessness. Find the client a home and then you can deal with their mental health issues. Ensure the media treat both men and women with respect and compassion. Avoid stereotypes and derogatory comments. Address bullying by removing reality TV shows that encourage contestants to bully other contestants. "

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

Thank you for the opportunity to comment. Signed Concerned Nurse