

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

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

"There is a huge amount of work to do to destigmatise mental illness in the Victorian community. Firstly, perhaps start with proper education and training for police officers and ambulance officers who are at the forefront of responding to people in mental health crises. Way too often, the organisations like Headspace or a service provider that are meant to be helping prevent people getting into crisis situations do little or nothing to ward off psychotic episodes. The result is that family and friends have to deal with escalating problems by calling psychiatric triage services who say you must call police. In my experience, police are appalling in dealing with mental health crises. I can give you many documented and evidence-based experiences of having police and ambulance officers derailing hospital admissions by using their scant ability to deduce in one or two minutes that a consumer 'doesn't appear to be suicidal' and therefore these society-appointed 'experts' make the decision about someone's mental health in the space of a couple of minutes. How many families and friends have been killed or injured by consumers experiencing acute psychotic episodes that could have been dealt with properly with just a little knowledge from frontline services? The list is growing all the time, but is always characterised as being about some poor family that has fallen through the cracks. The system IS the cracks and the cracks are chasms. This is one of the factors that most appalls me in Victoria. I have not encountered even one police officer who had any idea what they were doing other than reaching for their capsicum sprays and batons. The only thing the police want to do is get information for often completely inappropriate interim family violence intervention orders. If the agitated consumer so much as slaps a family member or friend and the police are told about this, they MUST do an intervention order application. This results in people having to run around getting lawyers, attending court - all the expense on the public purse - and simply stigmatises everyone involved. "

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?

"In my opinion, there is pretty much nothing that works well currently in the Victorian mental health system that I have experienced or witnessed. Mental health workers and doctors have a hierarchical, us-and-them mentality that is no doubt of benefit in fostering collegiality in what staff are always calling such a 'difficult' job but it alienates consumers and carers almost from the get go. I think change has to come from the way mental health practitioners are trained and educated. University and TAFE courses need substantial change and new frameworks. One has only to look at the roots of the relatively very recent 'profession' of psychiatry to adduce the reasons why consumers and their families and friends are treated so dismissively and way too often, incompetently. "

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

"I have not seen anything work well in the mental health industry - and it is indeed an industry - in

Victoria. I have witnessed many staff at a wide range of services both in hospital and in not-for-profit organisations which simply mouth a series of written questions at consumers and tick off responses in yes-or-no fashion. It is a stock standard set of questions that the consumer will hear over and over again from one organisation to another. Just tick the box and don't go into detail. There is no or little attempt to inquire further than 'have you felt suicidal in the past (insert timeframe)?' Things get more interesting if the response is 'yes'. Staff generally have little clue how to respond in any meaningful way, except for referring families and consumers on to external organisations that do not help. There is always endless referrals upon referrals. Professionals should be trained to take the time to actually engage meaningfully with a consumer and their family and or friends. It seems staff are too busy ticking boxes to actually listen. The result over time is that consumers and carers become completely demoralised and don't bother to answer the stock questions honestly. It is a farcical situation - apart from the fact that people do commit suicide because no one is actually genuinely there to listen to them. "

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.

"The mental health industry in Victoria is designed to make people's mental health worse and if you didn't have mental health problems as a carer or family member or friend before experiencing the mental health system, you will have to be an extremely strong person to not succumb to your own mental health issues. In fact, one of the first discussions with carers and families by hospital mental health nurses (the ones who have to deal with the families at the coal face) is always along the lines of 'remember to look after your own mental health'. This is when all you want to focus on is what is happening to your loved one who has just been admitted into an acute psychiatric ward. God help you if you dare to question a health practitioner's assessment, because you will almost invariably find a sudden defensiveness springing up and notes taken and decisions being made about the 'difficult' family. And then for those who dare to actually complain, there is a veritable wall of dismissive defensiveness waiting for you. "

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 it is something to do with lower socio-economic status! People with mental illnesses now find it extremely difficult to be accepted onto the disability support pension, despite severe mental illnesses like schizophrenia being the equivalent of quadriplegia in terms of level of disabling outcomes. Living well under the poverty line on a long term basis is probably not conducive to anyone's good mental health, but successive governments and many politicians have little empathy or compassion for those relegated to the margins of society due to mental ill health, drug and alcohol addiction and disability. How did they get there? Often through the actions of other people, whether rapists, pedophiles, physically and/or emotionally abusive people known to them. Victorian society still heartily stigmatises all sorts of groups and often the discrimination is denied or covertly practised. Sole parents are routinely stigmatised at all levels of society. Their children suffer as a result. Motherhood is simply not valued in Victorian society - unless you have a wealthy spouse. Otherwise you are classified by government agencies as 'unemployed'. "

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

"Support services for carers are woefully inadequate and inappropriate. The services seem to

centre around expensive isolated days out attended by the same old group of carers (including many well off carers and those who do not directly care for someone living with a mental illness). So there are film days, upmarket restaurant outings, going on Puffing Billy with full luncheon provided (I have numerous information sheets for carer activities if anyone wants to get an idea of some of the largesse repeatedly on offer for the favoured few carers, but most carers don't go near these services). In my experience as a carer, there is a strong quotient of particularly evangelical Christian staff running these carer events. Carers I have come to know have reported feeling uncomfortable with the holier-than-thou and even hypocritical ethos on display among some carer peer support workers."

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

"Training for mental health peer support workers is ridiculously inadequate. TAFE certificate IV level courses abound in pop psychology and churn out pseudo-counsellors aplenty. I have encountered so-called peer support workers with little more than a year 8 level education. There are others who have no lived experience whatsoever, but go to the same church as a qualified peer support worker colleague and got into the field that way. (I can provide evidence if anyone is interested.) The truly awful thing is that these ill-qualified workers can have a markedly negative effect on already vulnerable carers and consumers. They can be in a position of quite some power over those they interact with. The peer support worker role is an essentially duplicitous one in my experience. Support workers work to 'befriend' the carer or consumer and cajole them into revealing personal information that can then easily be recorded and used against them. I have numerous examples of this happening to vulnerable carers and care recipients. One of the first things that happens when 'engaging' with a service provider is signing an agreement that your information can be used and shared internally and/or with other organisations. Many people don't understand the ramifications of signing these agreements."

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?

"What opportunities? There are none of any real or lasting value. In the past five years, I have experienced nothing that even approaches helping people living with mental illness in any more than a token way (and usually used as a banner to justify ongoing funding for the genuinely dreadful service providers). People with severe mental illnesses are denied economic participation. They live on the periphery of society, often unable to participate in any meaningful way due to their low socio-economic status. Too often, you just see the confused or disgusted looks in people's eyes when a consumer doesn't immediately make sense in their communication attempts, or if they show more than a socially acceptable level of emotion. There are way more activities for carers to have respite than for consumers or care recipients or whatever the latest buzz word is for people living with a mental illness. One well-known service provider ran a 90-minute fortnightly art therapy class for consumers which involved multiple staff members driving hundreds of kilometres between them to pick up participants, take them up to 40 or 50 kilometres to this 90-minute class, most leaving with art unfinished to complete at home, and then drive all the way back with multiple stop-offs along the way. Much funding for petrol and car fleet maintenance. Little in the way of genuine lasting value for the non-staff participants."

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?

"Effective and empathetic training and education for doctors, nurses, emergency service responders and mental health practitioners needs substantial overhaul. The entire system is the problem. It is so inadequate and in fact damaging and this is where so many prejudices, presumptions, ignorance and assumptions spring from about people living with mental illness and their families, friends and carers. The mental health system in Victoria as it currently stands is designed to promulgate poor mental health. Where else can you be sexually assaulted, physically abused and incorrectly medicated - including wildly inaccurate dosages being given by so-called qualified medical staff - with impunity but in a hospital psychiatric ward??? I have numerous verifiable examples of this happening to if the Commission would care to enquire further. Sexual assault is routinely characterised as either 'consensual' or unprosecutable due to the supposed mental incompetence of the victim. "

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

"Is this Royal Commission going to be anything much other than a mental health show pony trotted out to paper over and nullify the past appalling experiences and outcomes for people living with mental illness, their carers, families and friends, presided over by the mental health industry? I sincerely hope not. Time can indeed be a revelator, as evidenced by the Royal Commission into institutional responses to child sexual abuse. The Commission's terms of reference do not give much cause for hope. What works and how can it be better - the problems are actually systemic. Patching up bits and pieces is not going to change anything much for consumers and carers. It could well make things even worse, more jargon and box-ticking riddled inertia from quite well funded (thank you very much) mental health practitioners. "

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

"Yes. Plenty, but its terms of reference are too narrow for an effective discussion."