

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

Organisation Name

N/A

Name

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

"Nothing will change unless underlying conditions for all people's ie poverty, nutrition, housing etc are properly packaged and dealt with by public health policy. Once these conditions are improved, higher needs such as stigma and discrimination can be addressed. The prior conditions create the environment where severe mental health problems fester and grow. The danger of falling into this world of poverty is acutely attached in the minds of the public in the archetypal madhouse image of mental illness. It's magical symbolism is negative in the minds of all humans young and old. Isolation and separation where the preferred method of dealing with MI and everyone fears its rise in themselves, their families and others. Fear and avoidance, hiding the issue are ways of coping that form negative pathways and cruel outcomes for those with chronic or developing MI. True TRUST of society and actual knowledge that they will be cared for with the problem they are experiencing, and that it is not without solutions will be a message that must be delivered to the sufferer and those who might be career. Suggestions: Attack poverty through a major public health initiative, housing, nutrition etc, wipe out the seeds of health problems. In combination commence a long term plan to bring mental illness out into public discussion. Only by hearing what the public understands about MI, what it is willing to do about MI and education of society on MI stigma etc, and why it occurs, can we bring forward a solution that is not done too the MI population but with them towards a solution."

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?

"Frameworks are there and have been developed, but funding always seems to stop or be ideologue debate that leads to diffuse outcomes. Improved staffing and development of layers of support in the community with many different ways to access mental health care and treatment. By that I mean allowing the disciplines outside the psychiatric medical staff eg nurses, occupational therapists, psychologist, nutritionist, GP, work health clinics etc to be able to have funding for developing incorporating them into pathways to ensure mental health is always part the discussion and referral pathways, including schools. But overall public health initiatives that decrease poverty, provide housing, good nutrition, properly mentored schooling to work pathways, social connectedness in the true sense. Capitalism underlies our economy but Government initiatives in big Public Health policies to guide societies health trajectories is needed, especially with the existential fears associated with current Climate Change adding further fuel to insecurity faced by the population."

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

"Improve public health via poverty eradication, big public health investments for youth in nutrition, housing, general security of tenor going forwards. If you fall to needing welfare for MI and suicide is a way out, most solvable problems that society could intervene in are related to loss of

job, housing, living stressors, concrete things that our society is failing to improve in at the moment because of ideological beliefs about welfare and laziness etc. Sure the 1% will always be there but currently we need to implement big changes in welfare policy(stuff we already know and have undoubted proof that would work but are being refused politically as false conservative views abound and cost worries under existing ways of doing welfare exist). Individual suicide issues exist, can they ever be changed that is uncertain, but existing stressors can be alleviated by major public health initiatives . It's TIME for big health reforms and likely savings if implemented properly."

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.

"POVERTY, isolation from friends and family, working too much, travelling too far from networks when working, being too physically tired from working all the time, having unsettling demands from work and society that lead to sleep and nutrition problems. Politicians can't understand at present but simple changes in society conducive to health could alleviate great pressures ie via how we are fed, eg implementing school lunch and dinners again for children, also making sure all staff are fed wherever they are working with good nutrition or advice available everywhere. Big business may come along if the right public health initiatives are in place eg Woolworths/Coles , next to sporting fields, after school care where breakfast, lunch dinners are there as meeting and safe places, community hubs facilitated by Government direction to meet health goals. It is physically impossible for a person to work eight hours or more, study etc, feed themselves three times a day, care for their health or teeth etc, socialise , care for family or friends, then add sport or etc. What I mean is that it is impossible to do all the things expected without a breakdown in one area or another. Sooner or later one compromises somewhere and something suffers and often people allow it to be their mental health as they strive to compete. Suicidal messages and actions I believe are part of this larger problem. Signs of mental distress are still seen in the magical and fearful Madness image and leads to withdrawal of support then stigma and discrimination. Big public health initiatives to truly improve ALL Australians conditions, then a major opening of the door to public discussion and innovation in the area facilitating solutions from within, de-mystifying what is often seen as frightening or scary or what might lead to punishing behaviours by others(vindictive, bullying etc), and increasing access to mental health services generalist in nature in many other disciplines other than just Psychiatrists. Risks to the MI are real if poorly trained people try to delve too far into treatment of MI, allowing access for assessment and support across many more disciplines and encouraging integrated referrals and assessments eg Physio might see Musculoskeletal complaints but not consider mental health. It is picking up early MI , demystifying the problem and making access to treatment and support earlier and with poverty under control eg payments and welfare support that might not mean great debt if time off is taken early to deal with MI or social issues before they fester and create greater problems for individuals, families, careers, children down the track."

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

"Again address poverty, housing, opportunities and access, nutrition, pathways to happiness and security. One major aspect is staffing, the level of education of staff and the monitoring of staff in positions of power and those given duty to implement or execute local of MI healthcare plans via the hospital system. Experience in most industries is essential and pathways exist. Every person

in every part of an organisation should be monitored. Vulnerable people including the MI or children, the sick, the aged should all be certain that the people in charge and those deemed responsible to provide their care are up to date, experienced, have all the necessary training, want to do the job and are well paid, fed and cared for so they can in turn care for them. Human nature, history is clear we have to be careful of our vulnerable populations because of what we know as already been done to them. Too many times these classes of people have been abandoned to substandard care without appropriate supervisions and systems of management. I have personally seen deterioration of care in many instances including a personal experience I would like to discuss with the commission separately. My point is supervision of staff, executives and what they are practicing in each local area should be intense, constant, not driven by occasional crisis but steady. Modern methods of supervision may be needed eg CCTV, body cameras, ensuring actual programs are staffed and implemented. Breakdowns of systems for financial or political reasons must not be tolerated. Innovation is fine but solid and good care is well known and ensuring good models of care are thorough and implemented across the board and in each local area. I would propose we go down the path of a large CENTRAL call centre where external to local management system staff and patients are monitored electronically in all interactions eg a visit to a home, the discussion taped, issues can be noted, intervention plans supplemented by CENTRAL resource, mentoring, resources, feedbacks in real time etc. We can no longer throw the MI or other vulnerable populations to the wolves as we have been. Large scale modern technology solutions could direct the most needy to the most appropriate services as well. Big Idea but that is what's needed if we are to stop the status quo or what appears to be building to a crisis of confidence in Government and the Climate Change debacle that is a major existential stressors over our economy and citizens. "

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

"Demystifying mental illness. Full and open major discussion of DSM etc diagnostics in a simple public language to find out what the public thinks about and can chew over solutions together. Fear of becoming or fear of having yourself, a parent, a friend etc becoming ill leads to a well known response from the individual or family/others of fear, withdrawal, isolation, stigma to discrimination etc. only the community itself will know how to stop this process built up overtime. Good health conditions for all, dealing with existential threats such as the economy, climate change, politics, changing societal roles are all needing to be processed by us. WHAT do family member and carers need, we need to listen but this time ACT, big public health initiatives in Mental Health similar to smoking campaign, long term and committed to bring these hidden issues out in polite society and discussed openly for solutions. When they think MI they should not think fear, avoidance, isolation and denial, it should be I will be safe and can deal with this issue now and move on successfully."

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

"Reduce the stigma of mental health work thru above public health initiative. If all aspects of poverty aren't addressed nothing can improve outcomes. Genuine improvement in MI care and feedback to society is what is required. Band aid initiatives as seen previously haven't worked. Also training, education packages as part of wages. If wages can't be improved access and payment towards pathways for all disciplines of staff not just medical staff. MI is multifactorial yet treatment stops and starts at Psychiatrists. They tell every other discipline who we are and what

we do in Psychiatry and rule with an iron fist. This is not appropriate in modern times. It is very important that MI aren't treated by inexperienced people, but the other disciplines including many a MI person might access in their lifetime or communities are first or second ports of call for signs and symptoms. Just as a GP can not possibly complete all the healthcare requirements of patients currently neither can Psychiatrists. Integrating best MI practice and support across other disciplines without having misguided treatment being done on people by those untrained would increase the profile and reach of mental health services. There is a mental health component in all health interactions. So pay and conditions, lifelong education building as experience goes which is attractive to participants and paced with individuals, linked to education providers. Also a CENTRAL component, that is to also attract female staff so that when at work or interacting they feel safe and supported at all times, that may be filmed or radio contact incorporating treatment, resourcing, advocacy, ohs, . This also provides safety to MI person involved as well. Too much is asked of staff and clients which history suggests is not enough to prevent issues."

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?

"Reduce poverty, complex and large public health social intervention designed to reduce the stressors most with MI are subject too, find out what the public thinks and can do about MI issues. Government sets the groundwork's or foundations, the public needs to discuss and implement what it can, from here opportunities would develop. Modern solutions for modern times, tell the public who and what we are targeting and who we want to help and why. What are the statistics we need to reduce, public sound bites and interventions. More statistica"

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?

"More thorough assessment of each case of MI from a modern neuroscience perspective. Eg we are looking at patterns of mental illness, is the sufficient assessment of eg each new case of Schizophrenia, is each new case assessed, fully with new technologies, are we funding the mental illnesses research properly. Do we need to be more open about what is NOT being done for this population. CENTRAL base implementing care supporting each local service for education, intervention eg much like having a university on your shoulder as you travel from patient to patient so they get the best care, staff get the best support and real time needs are met and put to the system in real time eg grouping of patients needs , changes in issues. Great educational tool. Resistance maybe strong for financial and individualists reasoning but commonsense should prevail. Clients have five levels of care that can opt in eg 5A Full and comprehensive care full mental health package 5B Lower level with choices 5E Nothing but basic discussion of fronting problem This could address issues with insight, interest, time etc and choices are always available throughout the interaction with the system to do more or less, up or down Thoroughly vetting and monitoring of staff mental health performance with above changes in career structure and support. MI deserve the right to be able to more quickly and thoroughly have their treatment plans reviewed especially in light of coercive and restrictive freedom practices of Mental Health Services who have very little oversight on daily bases that are public. Restrictions and supervision of Mental Health Orders should be taken off Psychiatrists and public oversight should prevail as the y are too vulnerable to the vagaries of time pressured staffing and human frailty."

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?

"Public health policy to attack POVERTY on all levels in Australia targeting MI. Start the conversation publicly and nationally so ideas flow from all areas of the nation, incorporate all levels of media into a program similar to smoking campaign. Pay and provide extra alternative wage and educational resources to all the staff and future staff who will be implementing care now and in the future, broken staff can't treat and support the MI."

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

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