

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

Organisation Name

N/A

Name

Mr Andrew Hall

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

"A negative stigma towards mental health is a massive issue in our culture, especially among males. There is a negative stereotype that is typically conjured whenever someone shares any sort of mental health issue. The reasons for this are not just culturally embedded but also play out in dramatically different ways interpersonally. A good campaign may be to address the discrepancy between physical and mental health attitudes through a series of televised advertisements contrasting the common approaches towards physical health, fitness and illness. Explain to people that if an individual were to break their leg or have a heart condition, they are not considered weak, only unfortunate. They are also encouraged and supported to seek professional help and to care for themselves in a thoughtful compassionate way. Why should mental health be any different? Another option may be to contrast the popularity of self-promotion, interpersonally and online, regarding people's attitudes and efforts towards physical fitness. People often get photos outside their gym, share images and videos of themselves working out in their new shoes and gym gear, some even get photos with their personal trainers. Why can't/don't people share photos of their notes or important books that have helped them, or even photos with their therapists and counsellors? Why can't pride and excitement be shared regarding our pursuit of good mental health? The idea of being proud in trying to achieve good and consistent mental health needs to be brought into the wider conversation and normalised, the same way that physical fitness has come to mean so much to so many. "

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?

Having 10 sessions available through the Medicare rebate scheme is good and makes the possibility of seeking professional help in pursuing good mental health much more achievable than it would be without it. CAMHS units are also a great resource for young people in desperate need.

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

"The availability of help lines is a very good thing; however, they are very limited in what they can actually provide for people in real time. I think when people are in a suicidal state, the opportunities and window to intervene in a meaningful way have almost passed. Suicide is such a horrible thing for everyone involved. There needs to be a way for people to help themselves and find help far before suicide is within consideration. Stigma, availability of good help, cost, time and life pressures are all against someone who is struggling, and these barriers may encourage them to take drastic action as opposed to pursue professional help. I believe if life has become too hard or painful to live anymore, the last thing someone needs is more obstacles to conquer before reaching meaningful help. "

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.

"Firstly, understanding and knowing what good mental health is, and can be, is fundamental. This needs to be taught to children and promoted in similar ways that physical health and personal hygiene are with developing children and adolescents. When someone is struggling or in need, getting the right help and good quality help is crucial. Finding a good clinician can be very difficult. Like mechanics, there are amazing ones, and sadly there are not so amazing ones. It is the same with psychologists. Bad initial experiences in seeking help can compound an individual's issues and prevent them from persisting with help seeking. Further bad experiences can amplify this more to the point where seeking help is no longer an option but an added anxiety. In addition to finding a good clinician, finding the time outside of non-understanding and unsympathetic workplaces is also an enormous challenge. Perhaps mental health needs to be more respected and understood commercially as well as socially and personally. Beyond those elements, having only 10 sessions available to people via the Medicare rebate good intentioned but not realistic in its effectiveness. "

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

"Stigma in more working class and rural areas would be a large factor in people deciding to seek help or not. Also, those living in lower socio-economic areas may have less money, time and quality local resources than those living in more affluent areas of the state. As I understand it, the inner eastern suburbs are well resourced when considering available mental health practitioners, however the outer suburbs, especially in the west are less well resourced. Rural areas are much less resourced again. "

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

"Education is very important for those being impacted with another's mental health. As mental health can affect people more broadly than the individual, it is important to consider the environment and networks in which people belong and the impacts that their mental health can have beyond them. Education and support for others involved is absolutely crucial. "

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

"Mental health work can be very difficult, but it can also be very rewarding. The current negative stigma surrounding mental health as a whole may be off-putting to those who may be highly successful and highly valued in professional mental health positions. As the work is very difficult, good support and professional counselling must be built into the roles to sustain the health of the practitioners and the high quality of help needed for the public. "

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 Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"There are several points I would like to make here. These relate to availability, affordability, accountability and I offer a proposal to help change the current system by implementing a Two-Phase engagement strategy. Firstly, as mentioned earlier, finding a great psychologist who is the right one for you is very difficult. The therapeutic alliance is considered to be as equally important as the treatment employed by the clinician, if not, more so. This therapeutic alliance can be hard to get right. Great psychologists are not always available in times of need (some with waiting lists for months) while some are too proud or not willing to refer clients onto more suitable clinicians when they cannot assist them adequately themselves. This coupled with the fact that a lot of people struggle with their work. Their work gives them increased stress and anxiety. Sometimes an individual's identity is tied in with their work and their entire life (family, mortgage, dependents) rely on that person working, and not being unwell, especially unwell in a way that is stigmatised and misunderstood. Finding the right psychologist outside of work hours is near impossible. We need many more professional mental health workers and it needs to be an industry that is accessible more broadly than Monday to Friday, 9am-5pm. Not to the extent as a 24/7 emergency ward at a hospital is, but early mornings, late nights and weekends. People are in great need for help, but sometimes the needs of their family and workplaces drown out their own individual mental health needs until it is too late. Secondly, while the 10 rebate sessions afforded by Medicare is very good, 10 sessions are hardly enough to even build a solid trust and rapport. I feel this is akin to being overweight and trying to get into peak physical shape in just 10 hours at the gym. I understand there is an enormous cost to the country in subsidising these fees, however, perhaps if these people using these sessions are then able to work and live healthy lives then their contributions could be easing the financial burden that we see mental health costing the country now. I think that 2 sessions every fortnight is a more realistic number for meaningful help. The current scenario of 10 sessions is also a disadvantage when the attempt to find the right psychologist means using one of those 10 precious sessions, even if you do not return and try to find another, or another. For that I propose a Two-Phase Process of Engagement mentioned below. Thirdly, I feel that the accountability of poor professional practice is not where it needs to be. I have heard of many accounts of appalling and dangerous treatment and practice by trusted professionals further damaging and disadvantaging those who seek such delicate and specialised help. I understand that there will always be practitioners who are better than others, but a very ridged expectation of where a professional must perform to must be upheld and their personal and professional accountability must be accepted and policed. I propose a Two-Phase Process of Engagement with mental health professionals/psychologists. Phase One (or The Preliminary Phase) could be 5 or more 30-minute sessions assisted by Medicare where an individual/couple seeks the right psychologist. These sessions are designed to see if the therapist is the right fit and is able to help the client/s in the best most suitable way. This is where the therapeutic alliance is considered. Without this, treatment is far less likely to work. Also, the expectations of both the client and therapist can be addressed and plans to proceed can be formed. If an initial Preliminary Phase appointment yields no connection, then the client is referred onto someone more appropriate. The outcomes of this Preliminary Phase are recorded and are considered in assessing effectiveness and professional development for clinicians. Phase Two (or The Engagement Phase) comes after Phase One where both client/s and clinician agree to engage with each other. This is where the true clinical work begins and traditional sessions take place here, ideally at the increased amount of at least 2 sessions per month. A useful part of employing The Preliminary Phase of Phase One is that this is where professional accountability can be examined. Situations where clinicians who do not reach Phase Two or The Engagement Phase more than at least 50% (or 60%), then this could be used as an indicator of possible poor practice or a need for further training on the part of the clinician. This Preliminary Phase could help weed

out clinicians who engage in poor practice, or highlight engagement problems, identifying them to the regulatory bodies for further training and also work to protect the public from suffering any damaging experiences in the pursuit to better mental health. "

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

"While the academic training is highly rigorous when pursuing a career as a psychologist or mental health worker, the equally if not more important element of the therapeutic alliance can not truly be trained or taught to the same high standard as the academic component of training. I feel that there may be an imbalance of higher numbers of gifted academic individuals getting through the training process who may lack the empathetic and sensitive understandings of someone who has a broader life experience. The academic element is no doubt highly important to good practice, but the humanistic and empathetic element, which I believe is much harder to teach, and much harder to employ when not naturally gifted, is potentially partly causing the gap to widen between clients who trust and engage with their clinicians. The more bad experiences people have, the wider that gap will get. All the theories and education in the world can't help reaching someone in need if there is no trust or a respectful relationship formed between the client and the clinician. "

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

N/A