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

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N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Appoint lived experience professionals to lead focus and dissemination modes of education and understanding. Resist ""disease-centred hypothesis"" and adopt ""drug-centred approach"", ""trauma focussed model"" and ""socioeconomic determinate of health model"" Address inherent negative consequences of ""personal responsibility"" approach exacerbated by ""disease-centred model"" Resist only focussing on high functioning recovery and address experiences of poor outcomes. Focus initiatives to address unrepresented severe mental illness diagnoses like bipolar, schizophrenia, OCD and personality disorders that have been ignored in awareness initiatives in favour of depression & anxiety. Highlight successes and advances that have been sustained by lived experience professionals and advocacy groups. Speak to the cause & effect of marginalised groups having high morbidity, incarceration & poor socioeconomic outcomes. Make attractive the incentives to be involved and work in MHS and illuminate gains in lived experience recognition as experts in their recovery through successes in Peer Worker initiatives. Advance and fund inclusive and representational public platforms that encourage debate and discussion in academia, online and in community settings (such as panels) that can also be recorded and uploaded. "

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?
"Addressing structural and organisational policies that are barriers to employment for people with lived experience has begun to be addressed with the Peer Worker Movement. Academics in clinical and MH associated fields are refocussing discussions and curriculums in accordance with insights of failure and success of outcomes articulated by people with lived experience. Peak consumer advocacy NGOs such as https://www.vmiac.org.au have been successful at advancing Peer Workforce, policy reform, clinical education, innovative refocussing of effective research aims and promoting evidence based & result driven outcomes. Self reflection of clinical professions addressing useful critique and analysis of consumers toward ""best practice""has been resisted and problematic with some exceptions that are critically valued. NDIS positions such as NDIS Care Coordinators are not receiving MH training and not mandated to demonstrate effective knowledge of service provider options throughout the MHS and beyond including alternative initiatives to meet client's varied needs. Protecting the integrity and public perception of professions occurs at the expense of improving innovative outcomes. Compounding and exacerbating trauma from inpatient clinical treatment has been ignored. Publicly addressing that the disease-centred model is a working hypothesis and not clinical fact is omitted. Childhood trauma, neglect, violence and sex abuse critically needs to inform discussions around early intervention. Restructuring lines of accountability in clinical services need to ensure other senior clinicians such as nurses, psychologists, social workers and lived experience professionals can inform best practice assessments of psychiatrists. To ensure gains in early intervention, the term & model of ""treatment"" needs to be demystified and teased out beyond, and at times excluding

biomedical models of drug treatment. Disabling negative side effects of medication need to be publicly addressed and clinically resolved. Funding the rollout of effective alternatives to clinical treatment need to proceed to increase choice for those fearful and critical of the failures of the clinical approach to improve outcomes. Successful inroads to CALD, women, LGBTI, indigenous and lived experience representation on committees and at every level of service provision have been greatly advanced. Successful high profile people that were diagnosed with severe mental illnesses and have sustained long-term recovery by rejecting the ""disease-centred hypothesis"" and medications have been sidelined at the expense of finding out why? Of course NZ PM, Jacinda Ardern is a global leader in focusing her ""Well being Budget"" on the societal factors that lead to increasing mental illness and thus adopts the best practice for prevention. "

What is already working well and what can be done better to prevent suicide?
"The success of organisations such as https://www.beyondblue.org.au, https://www.blackdoginstitute.org.au, to address stigma and work collaboratively with consumers to address needs of people at risk is commendable. The success of organisations such ashttps://www.casa.org.au and https://www.blueknot.org.au in addressing needs of people traumatised by sexual abuse and childhood complex trauma have been indispensable. The success of collecting lived experience accounts for addressing failures and successes of current models of treatment and service delivery by https://www.vmiac.org.au has significantly improved outcomes for at risk populations. Anti-bullying campaigns in the education sector are effective and critical. Advancing rights and visibility of lgbti community through the vote for same-sex marriage and other supportive services run by the community is empowering. Ensuring at risk people can access affordable counselling through the medicare system beyond 10 sessions would increase positive outcomes. Mandate that GPs and Psychiatrists explain the negative side effects of taking antipsychotics and also the negative side effects of withdrawal. "

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.
"Negative side effects of psychotropic medication such as lack of pleasure and enjoyment, sexual dysfunction, anhedonia, cognitive & emotional impairment and weight gain cause poor employment and exercise outcomes compounding along with stigma a lack of self-worth and value. This leads to self neglect, poor nutrition, substance misuse and high morbidity rates associated with Cardiovascular disease and diabetes. Ensuring clinical MH treatment address and questions trauma causes, violence experiences, socioeconomic stress and the disempowering nature of being denied autonomy and subject to forced treatment under the Mental Health Act & Duty of Care legislation as it stands. Employing Peer Workers across all MH services from senior roles to ground level roles can address this disempowerment that leads to poor self care and actually pioneer effective self-determination and economic pathways to independance. Training clinicians in the breadth of MH related services throughout the state to be informed of advocacy agencies, creative pathways programs, consumer groups, alternative treatments, global initiatives and training & education pathways for consumers would help empower choice and hope."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Ensure the people within these communities that are disadvantaged and at risk are leading the focus of addressing the issues. Bigotry, discrimination and victim blaming need to be addressed

and resolved. Empowering under-resourced communities and people with secure housing options, complex trauma counselling, community MH services, creating and recognising the expertise inherent in ""lived experience"" and creating a spectrum of employment opportunities to create employment pathways to economic independence. Addressing abuse, neglect, domestic violence and otherisation. Creating viable long-term low skilled employment options. Assisting pathways to further education and skills training. Decentralising services from urban area to regional demographics. Keep exploring pathways for enterprise and small business initiatives for those communities. Acknowledge and explain why aspects of economic models that advance individualism and competition can seem alienating and negative for disadvantaged and disabled people."

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

Empower this group with the varied models of addressing ill mental health beyond a clinical approach. Confirm that there are other evidence based models of understanding mental illness and equip them with a database of online sites where they can educate themselves about this. inform them of why self-determination is important while acknowledging and validating their skills of caring for people. educate families why a person-centred approach is best practice to ensure personal needs and particular issues are met. Ensure carer and family support groups and forums are offered and funded. Help them understand how lived experience is different from carer's experience. Maintain funding and delivery of respite services for carers. Advance opportunities for having their expertise recognised and opportunities for having their concerns addressed.

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

"Advance open, self critical and innovative practices that improve success of service delivery and consumer outcomes. Enact structural reform of services to ensure each MH related profession has equal opportunity to advance to executive and senior positions. Ensure lived experience peer positions offer casual, pt and full time options to meet the varied realities of the peer workforce. Give thought to the negative impact one profession dominating government relations and research focus can have on other professions in the field. Ensure Peer Worker positions are advanced throughout organisations. Address really obvious issues brought up by each profession when they engage in online platforms and social media. Demonstrate how each profession's research and expertise is effecting structural reform and best practice to advance their profession and secure improved outcomes. Ensure skills and training are transferable to other industries and sectors. Ensure workers are networked with relevant governing bodies, unions and supportive organisations particular to their profession. Ensure opportunities for research, conferences and public speaking are afforded all workers. Demonstrate that the industry is listening to criticisms put forward by workers and relevant academics, and is reflecting on them, addressing the issues and acting to reform and restructure MHS accordingly. Really discuss with the Peer Workforce what ideas of employment pathways and professional training opportunities would advance their needs and secure better outcomes. A relative wage to other MH workers would help. "

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?

"Advocacy organisations, Disability Arts Organisations, recognition of the expertise inherent in the

lived experience model through Committee representation, executive appointments, consumer managerial roles as well as Peer Support and Consumer Consultant roles on the ground level. As much as many people want full time employment to pay mortgages, there are many more people with lived experience of mental illness that need job positions that vary EFT 0.2, 0.4, 0.6, 0.8 etc. Ensure that while there has been a huge leap in Peer Work positions now requiring tertiary qualifications, there are still inroads being made to create employment opportunities that have lower skills or qualification requirements that are specific to Peer Work roles. Peer support groups need to be expanded in communities. MH support worker access must decrease from the current 3 month waiting time. Government needs to encourage and educate industry to understand how mental illness can compromise work history and education while promoting the other essential skillsets that people with lived experience can offer employers. Given the high rates of loneliness, withdrawal, isolation and feelings of rejection & shame, it is critical that we address social initiatives beyond employment that engages consumers to exercise socialising and building interpersonal skills. A gaping hole in recovery and rehabilitation is opportunities and initiatives that specialise in offering training in ways to rebuild self confidence, pride, self love, public speaking and professional conduct, given that poor selfcare outcomes are directly linked to poor self-image and lack of autonomy. "

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?
"Mandate quotas of ""lived experience"" representation across every level and breadth of MHS, from politician, policy maker, executive, senior management, research, academia, committee membership and all clinical and community services. Ensure consumer lead and governed organisations are secured with funding avenues and ensured effective avenues for engagement are mandated. Under the protections of the Mental Health Act & Duty of Care Legislation we are still seeing high numbers of service users experiencing compounded trauma and poor outcomes because of the disempowering nature of these laws. No more police involvement, handcuffing, transport in police vans when C.A.T.T. teams are called out unless physical and dangerous violence has been recorded. Use of physical restraints, ECT, seclusion and forced drugging is not part of empowering people to be educated to manage their own health and wellbeing. We need to actively listen to what consumers are saying as to why current treatment models have broken them as people. It is not just symptomatic of an ""illness "". It really is about being silenced, sedated & sidelined. Please address this aspect of hearing what consumers say made them feel broken inside."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Advance and resource the spectrum of ""lived experience"" opportunities to lead decision making processes and determine nature & distribution of resources. Funding and expanding the current biomedical informed model with countless more Headspace orgs and more inpatient beds leaves me cold as well as many other survivors. Having one careerist psychiatrist dictating how funding should be spent is very disheartening. Many other qualified senior professionals have been working in the field for decades and really are being sidelined by one man's vision for MHS delivery which is not reflective of what consumer populations, psychologists, graduate nurses and social workers want to achieve result driven improvements in outcomes. Mandating that a percentage of all new development must include financially accessible secure long-term housing options would help. Separating the motivations for expanding a profession's public relations,

image and employment options differently from meeting the needs expressed by the demographic that keep saying the MHS has failed them. Make greater use of the other MH linked professions to dictate & lead the nature of changing the MHS including nurses, peer workers, social scientists, advocates, psychologists and GPs and address that psychiatry with its fetish for neuroscience (which is fascinating and a needed focus for medicine) is the wrong fit for mental health. After decades it still fails to scientifically prove a causal link of mental illness to brain chemistry. I understand how attractive this is to fit with economic models of individualism, personal responsibility and the push for exponential growth. Be brave, innovative and result driven in the approach. Create more diverse training, education and employment options for related professions ensuring the Peer Workforce and ""lived experience"" drive the systemic refocussing of industry initiatives otherwise we will keep getting unhappily broken consumers with sad life trajectories. The NDIS offers the opportunity for real sustaining longterm change and improvement of outcomes for the most at risk. "

Is there anything else you would like to share with the Royal Commission?
"May truth, fact, & honesty guide the process to maintain that the health and prosperity outcomes for people at risk is the lead motivation. I am aware that the terms of reference put forward by peak consumer organisations were all rejected so hope the process proves me wrong that the inquiry will not simply become MH clinicians arguing government for more funding to expand the failed model of biomedical dominated treatment."