

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

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Name

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

Stop wasting money on talking about stigma and put the funding that you pour into that into more Medicare funded psychology sessions under the Better Access scheme.

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?

"Psychology sessions under the Medicare funded Better Access scheme are an excellent intervention, particularly as they can be accessed through a referral from your General Practitioner. As the G.P. is most often the first professional that a person seeks help through it would be far more effective for the G.P. to know that their patient is going to be able to receive ongoing psychological treatment. Ten sessions are nowhere near enough to allow effective treatment and the scheme urgently requires more funding to allow as many sessions per year as required for effective treatment as determined by the psychologist. The forty sessions per year that are now being funded for eating disorders need to be available for all people with diagnosed mental illness. The potential for reduced life expectancy (which is the reason that this funding has been given to eating disorders) is an issue spanning the gamut of all people with diagnosed mental illness. Having psychological treatment readily available reduces or even negates the need for drug interventions and can also reduce the numbers of people that end up hospitalised. Reinstate block funding for community mental health services so they can be easily accessed by those in crisis. When a person with mental illness is in crisis, trying to handle a protracted application to the NDIS is impossible without the assistance of a support worker (which you aren't eligible for unless you have been accepted into the NDIS!)."

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

"Reinstate block funding for community mental health services and increase the amount of psychological sessions that can be rebated through the Better Access scheme. People that are feeling suicidal require intense and long term support through both of these avenues. They require the funding in these areas in order to form trusted long term relationships with support workers and psychologists. Staff turnover in community mental health is an issue as is lack of access to support workers because of the blocks to access brought about by the NDIS. In order to prevent suicide people need reliable access to both of these types of supports. Having these in place reduces or even negates the need for drug interventions or hospitalisation as the person with mental illness is then receiving treatment regularly from someone that has learned about them and is more readily available to them in crisis. If you really want to prevent suicide then you must stop forced 'treatments' including drugging, ECT, restraint, seclusion and incarceration. NONE of these interventions are proven to treat the underlying trauma which is at the root of the majority of mental illness. Forced hospitalisation and its attending 'treatments' more often than not add more trauma. If more psychiatrists and psychologists had trauma training then the current mental

hospital treatment model couldn't exist as everything that takes place in that arena is in complete opposition to what is required to help people to heal."

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.

"It is very difficult to experience good mental health when the first and often only 'treatment' offered is usually in the form of drugs, often prescribed by the G.P. Drugs do nothing to treat the underlying trauma which is the cause of the vast majority of mental illness. Psychotropic drugs make it even more difficult for people to think clearly, cause a vast array of serious physical illnesses and can also incite violence (both homicidal and suicidal tendencies in some people). Mixing these with alcohol and illicit drugs can have devastating effects both for the person taking the drugs and for the broader community. Trauma treatment in the form of various psychological and somatic interventions such as Somatic Experiencing, EFT (tapping) and ACT therapy need to be the first line treatments given if good mental health is to be achieved."

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

Rural areas and poorer suburbs have significantly higher rates of prescription of psychotropic drugs and higher rates of hospitalisation and its attending 'treatments'. This is the most pertinent factor in poorer outcomes in mental illness. Combined with reduced access to community mental health services this is not surprising.

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

"The needs of family members and carers are currently eclipsing the needs of people living with mental illness. This needs to stop, as does the misappropriation of the term 'lived experience' by those merely observing it in others. The rights and needs of those suffering with mental illness need to be urgently addressed and far less attention should be given to family and carers. With all good intentions it is often family and carers that are erroneously given power over the mentally ill and are allowed to make decisions on their behalf that can have lasting and sometimes fatal consequences. "

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

"Return community mental health services to block funding. The NDIS has decimated community mental health services resulting in forced redundancies. Whilst there is no job security and a greater workload for the same salary you will never attract staff. Stressed, overworked and overwhelmed staff are not able to do their job properly. Experienced staff leave and then you are left with an inexperienced workforce (peer workers are now often being used as a cheaper means of employment to do the same job as experienced staff were) often comprised of young people with little idea of how to support someone in crisis. Peer workers have an important role to play in mental health services but there is also a requirement for qualified support workers. "

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?

Social and economic participation can't be sustained and often can't even be instigated without the ongoing support provided by both individual psychological therapy with a psychologist and a mental health support worker through community mental health services. In order to create sustained changes in the lives of people with mental illness funding for community mental health needs to be reverted to block funding to make access easier and unlimited sessions need to be funded under Better Access for psychological therapy. Funding access to exercise classes/swimming/gym programs is another important step in improving mental health as mental and physical health are irrefutably linked and a common side effect of psych drugs is metabolic syndrome. Funded exercise opportunities would improve the overall health of people with mental illness which would also reduce the burden on the hospital system in the longer term.

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?

"Unlimited sessions with a psychologist under the Better Access Scheme. The amount that Medicare refunds per session needs to be increased too. People in rural areas often need to see a private psychologist as there may be no bulk billing psychologists available and so even with the Better Access sessions they can easily be out of pocket by fifty dollars or more per session. Return community mental health to block funding. Acknowledge the role of trauma in mental illness (both childhood traumas and iatrogenic trauma) and start funding proven trauma therapies such as Somatic Experiencing and Emotional Freedom Technique. All staff need to be trauma trained as well. Start acknowledging the irrefutable link between mental illness and physical illness and fund exercise programs. Abolish forced treatments: abolish both involuntary admissions to hospital (and forced drugging and ECT and restraint and seclusion) and community treatment orders. No more funding for beds: hospitalising people does not improve mental health, support provided through community mental health services and individual therapy does. "

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

"Increase the amount of sessions for psychological therapy provided under the Better Access scheme. These should be funded on an as needed basis for treatment as determined by the psychologist. Just as Medicare funds appointments with a G.P. as they are required, with no upper limit, psychology sessions, which are just as important for health, should be funded the same way."

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

Until the mental health system starts treating trauma rather than inflicting more trauma upon people through forced treatments of all kinds mental illness won't improve.