

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

Organisation Name

N/A

Name

Miss Katie Brebner Griffin

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

"The more people know, the less they seem to judge has been my experience of mental illness. Education across age groups and communities is vital for addressing stigma. Providing services which are easy for people to access regardless of age, socioeconomic status, cultural background is another important consideration. Different parts of our community need to address stigma in specific ways. To me, this also includes tailoring services to different needs and practices of these communities, as stigma is passed down through particular narratives which require specific intervention. Wider, more systemic support is an important way to address discrimination experienced by people with mental illness. For example, having additional sick leave would provide people with chronic psychological conditions the opportunity to manage their conditions without the almost inevitable financial hardship that accompanies it. It would also send a signal to the broader community that mental health is important and something worthy of prioritisation generally. "

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?

"The national Better Access Scheme is working well to assist all people in accessing services they need. The communication between GPs and clinicians such as psychologists/psychiatrists is superficial and needs to be more in-depth to manage long-term patients in a meaningful manner. As GPs are the first port-of-call for people with chronic health conditions (physical or mental, or both) improving the relationships between members of the care team is vital. The absence of a relationship between GPs and mental health specialist clinicians can be catastrophic, as I have experienced myself. GPs being able to prescribe mental-illness specialty related drugs is wrong. Patients receiving psychiatric specialist input if a patient requires medication management should be mandatory. This is protocol for other medical specialties, and psychiatry/mental health should be no exception. Having a solid understanding of how psychologists can be beneficial, and what a positive, functioning therapist-patient relationship looks like is equally as important for people beginning early treatment. Lack of knowledge about this relationship prior to treatment can lead to deterioration in mental health. This is what I have experienced personally. People having access to methods of mental health promotion, such as exercise and social connection, is one of the most critical aspects of mental illness prevention. Cost associated with gymnasium memberships and other physical activities makes it difficult for people to access them. Incentives for people to reduce their reliance on social-media based socialising would also reduce the sense of isolation and inadequacy that these technologies have inadvertently fostered in the community."

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

"Having somewhere to go besides a hospital emergency department when a person has attempted suicide or is actively suicidal would be beneficial. Creating acute referral centres for

suicidal people to be able to go to get help before the attempt is made, a place to protect oneself from their own suicidal planning. As an individual who has made a serious suicide attempt in their life, I am not aware of such a place. Once medically stabilised, waiting in the hospital emergency department to be admitted to a psychiatric hospital further exacerbated my sense of isolation and that I was in the wrong place for my issue. Addressing the suicidality of tertiary education is important. Increasing students' time on campus, connected to others could potentially improve this. However the cost of co-curricular activities and even simple social activities like eating on campus are often too expensive. Including holistic, compulsory modules in further education about emotional processing, stress management, managing perfectionism and identifying struggling friends who are struggling would potentially assist this also. Re-iterating the importance of these skills in terms of lifelong well being is also important. "

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.

"My experiences with mental health supports had been generally positive in my early life and adolescence, being fortunate enough to have highly educated and health literate parents. My parents were supportive of me having help from a school psychologist even in primary school in the late 1990s and early 2000s, which was unusual even though relatively recently. Ironically it was once I commenced my university education in nursing and psychology degrees that my experiences with poor mental health, and my subsequent mismanagement began. My experience demonstrates how doctors, both at the generalist and specialist levels, have enormous impacts on the wellbeing of mental health patients. I saw a psychologist and psychiatrist when I experienced a mental health crisis at university. I was diagnosed with depression and managed for suicidal ideation. I did not particularly warm to the psychiatrist who would routinely insult my life choices, including saying things like "'you're too smart for nursing'" and "'if you're having problems with your parents why don't you just leave?'" I felt depressed, stupid and humiliated. I felt a deep sense of inadequacy as though I was incapable of making choices about my life. I was prescribed medication which started to work, and I did not have to see the psychiatrist anymore. After approximately another year with the psychologist I stopped making appointments. I found I was not comfortable with her, as I felt the relationship was more like an emotional mentoring rather than therapy. She would state she saw a lot of herself in me. I felt worried I would upset her when I stopped making appointments. I recovered and did not continue medication. However my wellbeing was shattered when I was raped before the commencement of my final year of uni. The management of this trauma was unsupportive at best and damaging at worst. When I presented to my GP for the post-rape assessment, I was fortunate to have a caring doctor. However, due to the practice being out of stock of some of the antiviral and antibiotic injections, I was given the task of going to the nearby private hospital pharmacy to fetch it. They did not release the injection through their outpatient pharmacy, so I had to drive around metropolitan Melbourne for four hours to various pharmacies to try and source the injection. I finally found a pharmacy that stocked it, and had to return to the clinic to have it administered. A feature of my Post Traumatic Stress Disorder is experiencing anxiety and flashbacks in pharmacies after having to procure components of my own 'rape kit'. The experience of the post rape assessment took a total of 6 hours. This seemingly innocent decision by the GP had no regard for the severity of the situation or my emotional wellbeing. I felt unable to say no to the request and in my vulnerable state it did not occur to me to go to a hospital. When I disclosed months later to my family; my mother wanted me to see my psychiatrist to make sure I was being supported. I was also recommended by my gynaecologist to consider a sexual trauma psychologist. My psychiatrist had the opinion I

should return to my previous psychologist, who worked out of the same consulting suites. When I went back to see him and explained the circumstances, the psychiatrist proceeded to question me in detail about the rape. I felt as though I was being interrogated, and felt powerless to object. The appointment lasted two hours, at the end of which he printed out the account and gave it to me to give to practitioners. I explained I was thinking of not returning to my psychologist to which he responded ""Why would you see someone else? She has trauma experience. You don't need to see someone else."" He placed the referral to my old psychologist in her pigeon hole without further comment. Again, I felt powerless and humiliated. I returned to my psychologist. After I had been seeing her for a number of months, my mother was concerned that my wellbeing was not improving. She asked me whether we could have a joint appointment where she could learn how to best support me through this hard time. I thought it would be a good idea. However when I suggested this, the psychologist did not think it would be beneficial. I trusted that she knew best. I was not feeling better, but did not have the capacity to think about this any further. After I finished my studies and started working as a paediatric nurse, my mental health began to deteriorate further. I was suffering from extreme work stress, and went to my GP to get some support through medication. Two weeks after commencing the prescribed medication; experiencing extremely erratic behaviour whilst on sick leave, I attempted suicide. I felt as though my problems were not solvable. I now know that I was not receiving supportive care and was doing the best I could trying to protect myself from the carelessness I'd experienced at the hands of doctors more interested in their own convenience than my own care. My psychiatrist prioritised referring back to his colleague upstairs rather than enquire about what direction I wanted my care to go. I have experienced what is considered the 'top level' of healthcare, and I am the 'ideal' patient. I am a healthcare professional myself, with high levels of literacy about the system I navigate. I have had traumatising and damaging experiences at the hands of the private mental health system. I fear for patients who have anything other than perfect health literacy or access to mental health services, as I am relatively close to this and have been hurt so badly by a system in ways that may never heal. "

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

"As an LGBTI+ woman, I am like so many others in our community who experience mental health conditions and have attempted suicide. The profound sense of shame and wrongness about the very essence of who I am, who I love, is a persistent battle. I don't believe we are born hating ourselves, it is the world around us that teaches us to. Being exposed to public debate about the marriage equality plebiscite, and the 'controversy' around the Safe Schools program are just two very public examples of how LGBTI+ people's right to existence as equal being seen by vocal, small sections of our community as topics for debate. Programs such as Safe Schools provide young people the opportunity to be themselves and for others to understand that diversity is not only okay, but a wonderful part of life. School initiatives such as LGBTI+-straight coalitions are also beneficial in sending this message. Training people who work with the public how to conduct their work in ways which don't assume gender, whether of the individual or their partner, would be beneficial. Promoting inclusion through LGBTI+ representation on broader levels such as LGBTI+ leadership quotas or creation of an LGBTI+ affairs minister would be considerations I would encourage. Also being a person with chronic health conditions or 'invisible disability' increases my vulnerability to poor mental health substantially. The isolation alone is a large part of my life which can help or hinder when I'm experiencing physical illness symptoms. Being in chronic pain makes everyday life challenging and can even make it seem unbearable. Being able to access supportive treatments, whether that is a pain specialist, hydrotherapy or physiotherapy, is

something I am not able to do due to my financial circumstances. This adds a sense of failure, as there are strategies I could be implementing to improve my physical conditions if only I had the financial means to do so. There are minimal public services and the waiting times are incredibly long. The stigma and lack of understanding around invisible disability can also be overwhelming, as many people do not understand that looking well does not equate to feeling well. Particularly experiencing a disease like endometriosis, the feeling of not being taken seriously, being believed or understood is constant. There is pressure to educate others on the nature of the condition and its personal toll on those who have it. The emotional effort of doing so can adversely affect my mental health. "

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

"After my suicide attempt, I was in a private psychiatric hospital for five weeks. This was an extremely traumatic experience for my parents and siblings, whom I was still living with at the time. My parents found their caring role to have contradictory expectations. They were expected to respect my privacy during admission, but watch my every move once I was discharged home. There is no transition to home from the hospital environment, and if you are a patient who does not wish to participate in group therapy day programs your options are extremely limited in that initial phase at home. My parents did not feel adequately educated about how to care for me and support me once I was discharged. There should be education provided by hospitals around discharge planning and what carers should look out for in a recently discharged patient. How to manage their new carer role should also be included in this, as many people not just my parents are thrown into this high-dependence role in an acute set of circumstances. "

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

"Increase funding across the sector; pay mental health workers better, improve their working conditions, increase the types of specific services available to attract diverse candidates to the sector and address at-risk groups, provide needs-based supports to facilities such as schools, increase awareness campaigns to de-stigmatise mental health and increase awareness of supports. "

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?

"Subsidise the required training for peer work, as this was a barrier I have faced when I have wanted to work in this area. As previously mentioned, consider specific mental health leave for people with chronic mental health conditions. Increase participation of consumers in mental health system reform, and continue this participation throughout the reform process as this empowers participants in the system. Providing additional support to vulnerable people, such as refugees, LGBTI+ people and older people, to increase their likelihood of positive outcomes. "

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?

"Shifting the focus of the system from a reactive lens to a proactive lens is vital for protecting good mental health, and reducing the severity of poor mental health. Having specific centres relating to mental health beyond acute hospital settings is an important part of this. Streamlining

communication between GPs and mental health clinicians is also vital for adequate continuity of care. Improving access to activities which promote good mental health is a component of a more protective system where people can actively improve their wellbeing at base level. Having psychiatric services beyond individual therapy, group therapy or hospital need to be investigated for outpatients. Having particular supports for people at risk, for example women who have experienced family violence, can allow more people to reduce their sense of isolation whilst addressing specific risks of their circumstances. "

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

"Ongoing commitment to change through long term funding. Addressing where some community problems begin such as perpetrator focussed mental health services for family violence perpetrators. Create sustainable systems which support prevention, protection and treatment - not just treatment. "

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

There are ongoing mental health concerns for people within the healthcare professions which also desperately need to be addressed.