

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

**Organisation Name**

SUB. 0002.0032.0004

N/A

**Name**

Anonymous

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

N/A

**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?**

Prevention and Recovery Care (PARC) Centres do some wonderful work. Through working alongside the hospital psychiatric wards. They assist to prevent hospital admissions (Step Up) or help individuals adjust back to the community after being discharged from hospital (Step Down).

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

"The [REDACTED] room has been set up work work from a harm-minimisation standpoint. However, it's only open until 8pm weekdays or 5pm weeknights. This means that it fails to help people at their most vulnerable times in the evening. In addition, its proximity to [REDACTED] means that it is it's very easy for people to plan to go and buy some heroin/ice and then go and inject. These are two inherent problems. The CAT/TRIAGE Team and Lifeline are some services set up to assist when someone is suicidal. However, there are often length on-hold times when people call Lifeline. In addition, the CAT/TRIAGE team are very unhelpful and under resourced for mental health workers e.g. in PARCs or residential care. They do not pick up, call back, and rarely assist with vital mental health assessments. As such, healthcare workers are left to call for an Ambulance and have their suicidal clients admitted to ED. "

**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.**

"The NDIS is perhaps the most difficult pathway to navigate for someone experiencing long-standing mental health issues. Many consumers feel the NDIS is set up to assist with physical disabilities but does not recognise the permeant, debilitating conditions people may experience e.g. schizophrenia, schizoaffective disorder, agoraphobia, AOD disorders, dual-diagnoses and dual-disabilities. In addition, the Government has been gradually reducing funding for non-NDIS mental health support programs e.g. Personal Helpers and Mentors Service (PHaMs) under the assumption participants will receive an NDIS plan to access the service. However, the majority of PHaMs client who were expected to transition to the NDIS did not do so to not meeting the strict criteria. As such, many people are falling through the cracks.' The local community mental health Art Class they loved for years or the PHaMs worker who took a client out for a weekly coffee no longer exist. And so, they are left lonely, neglected and with poorer quality of life. In addition, the fact that people can only get 10 Medicare Rebate Psychology sessions per year is a massive deterrent for seeking help. Life is complex, and 10 sessions only scratches the surface' for clients with Complex Trauma, Borderline Personality Disorder, Eating Disorders etc. As such, people who

are vulnerable delay seeking help because they are worried they will run out of psychology sessions before the end of the year. What's more, if an individual is living in Australia but is not a permanent resident (e.g. International Student and doesn't have a Medicare Card, they are left with very few or no options at all for receiving Psychological services "

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

"It is almost impossible for somebody who experiences poor mental health to get stable accommodation. Many clients needed affordable accommodation were previously employed. However, when they experience a deterioration in their mental health state, one thing they will do is apply for New start. This means they must live off \$489.70 a fortnight (max. \$137.20 Rent Assistance). It is virtually impossible for somebody with poor mental health to live off this amount of money in stable accommodation. These people are often vulnerable or not appropriate for shared households and can only really live alone. However, studio apartments cost \$300+ per week in Melbourne. In addition to rent, they often have higher medication costs than the average person. Emergency accommodation services are overcrowded, unsafe or non-existent in many parts of Victoria. Public Housing Lists are so long that most people have stopped applying (even for Priority List). Without stable accommodation, people cannot focus on improving their mental health. Instead they couch surf, sleep rough, create stress/burnout for extended family and are left feeling hopeless and worthless. Finances also impacts Psychology sessions. Many clients I've worked with are not in a position to pay for therapy (even with Medicare rebates). So far, I've only found one reliable Bulk-Bill Psychology Clinic to recommend in Melbourne (Talk Shop) alongside University training clinics (e.g. Vic Uni). If the person is under 25 they can go to Headspace. However the day they turn 26 they are left with drastically less options for psychological care. In addition, Childhood Abuse and Assault is a problem at all levels of the community including both high and low socioeconomic areas. Domestic Violence and Sexual Assault happening against children is often neither seen nor heard. Children don't feel they can trust others and tell them what's happening, and there's little awareness of phone line children can call and be 100% supported and protected without consequences. Childhood assault and trauma can lead to a lifetime of chronic mental health. One of the most prominent examples I've seen while working in mental health is Borderline Personality Disorder (BPD) and Complex Trauma. It is important to provide services which allow children to seek support, or allow them to seek support for mental health conditions related to their childhood (e.g. DBT programs at Headspace for BPD). It is also important to train paramedics to understand BPD as they frequently present to hospital emergency departments. "

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

"Family Members are carers usually want their loved one who has mental health issues to get the right support to live an excellent quality of life. Unfortunately, the lack of affordable housing, the flaws with the NDIS system and the strains on our public mental health system mean that this is often not the case. Carers Victoria do some great work and the health workers are great at their role. I hope the Government continues funding this service and listen to their feedback and recommendations. They are often there to support carers and family when no one else is. They do magnificent work at preventing deterioration of others mental health through support and understanding. "

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

"The problems with the Psychology Higher Education System in Victoria needs urgent attention. To become a Psychologist in Victoria an individual need to complete an Undergraduate Degree, an Honours Year and a typically a Masters in Psychology. There are so many Psychology students who finish their undergraduate degree and honours year and are left with a qualification that gives them no title or recognition in the work force. Its near impossible to get into a Master of Psychology- especially Clinical Masters. Despite the fact there are 9 areas of Psychological Endorsement (e.g. Organisation, Sports, Community, Counselling), most of these University spots have been slowly reduced to leave just Clinical Psychology. There is so much competition in the Honours year and you often need 85% average to get an interview in a Masters. This means that the students who have the best academic grades get the master's spots. This is a very narrow way to determine the success of somebody as a helping professional. Due to difficulties pursuing their Masters, Psychology graduates often accept jobs they are over qualified for e.g. support work and underpaid for. This work often comes in the of working for an NDIS funded organisation. This is extremely demanding work and regularly leads to burnout. In addition, these graduates are often made to work with clients who they know very little about and may turn out to be high risk (but NDIS Plans don't reveal this due to Choice and Contol'). "

### **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?**

"Increase their Economic Participation through supported paid employment where they are paid \$20+ per hour. This gives the individuals a sense of purpose and belonging. One company who does some magnificent work in this space is Clean force. Unfortunately, a client experiencing poor mental health can only work with Cleanforce if they have an NDIS Plan which has eligible funding. Nonetheless, I have some really positive work my previous clients have done with Cleanforce. In addition, here is a lot of stigma around unemployment in society. I feel it's important to change this and understand that not everybody is fit or suitable for employment. For many people with chronic mental health issues, volunteering or social outings is the most they will be able to commit to and benefit from. This needs to be understood and respected by the Government and Community. "

### **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?**

" 9.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? 1.NDIS- Funding boost for Mental Health, decreasing wait times for Plans and Unscheduled Plan Reviews, training LAC's properly in mental health education. 2.Support all Mental Health Workers and recognise the strains the NDIS system has on them. It is very difficult to witness and be blamed for someone receiving inadequate care when you're working within or alongside a Government Scheme you can't change. 3.Assessing and changing Psychology Higher Education in Victoria. Consulting with students (bottom-up) in Undergraduate, Honours and Masters positions. Working with Federal Government to fund more Commonwealth Supported positions in post-graduate Masters or Doctorates across various metro and regional Universities. This could lead to excellent professionals coming into the health workforce within coming years. 4.Addressing Problem Gambling in Victoria (inc. Sports Betting and Advertising). "

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

For Psychologists: AHPRA is extremely under-resourced and inefficient. Practicing health professionals need a regulatory body they can rely on to process their Provisional Registrations and Registrations in a timely matter (not 3 months +). The Victorian Government needs to collaborate with the Federal Government to understand the problems that exist within AHPRA and rectify them.

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

"PSYCHOLOGY PATHWAYS: HIGHER EDUCATION PROBLEMS Since 2004, there has been drastic funding cuts in postgraduate University Psychology places. Despite the high number of Undergraduate students who study Psychology, most will not complete their postgraduate studies and thus never become a registered Psychologist. The consequence of this chronic under-funding is directly related to a lack of postgraduate professional psychology courses across Australia. The decrease in postgraduate professional psychology degrees across Australia is met with a very large and growing unmet demand for postgraduate places, and despite the fact that the psychology profession is considered by Government to be an area of workforce shortage (Commonwealth of Australia, 2010). A very large number of suitable applicants for accredited professional postgraduate courses who are turned away every year because demand for places greatly outstrips supply. These applicants often have excellent academic grades, work and volunteer experience. They often apply across Australia and may fly interstate for interviews- yet they fall short in the rigorous application process. Specific measures are needed to arrest the growing shortfall between demand for, and available, places in postgraduate professional psychology degrees. In particular, the funding model must recognise and prioritise psychology as an area of workforce shortage by providing additional funding assistance, in the same way that previous priority areas such as nursing and teaching have been supported in the past. I know all this to be true, as I am current Master of Applied Psychology (Community) student. Our University is the last University to offer Community Psychology. With the ever-increasing polarisation between Clinical Psychology and General Psychology both within Medicare Funding models and within our own Australian Psychology Society (APS), most areas of psychology endorsement which were once proud and thriving e.g. Community Psychology, Counselling Psychology, Sports Psychology, Education and Developmental Psychology are becoming virtually non-existent. As such, while I am grateful to have an honours spirit, the fact I have studying Psychology, working and volunteering in mental health since 2011 leaves me feeling somewhat cynical. Many students give up, and regretfully begin a Master of Social Work because Psychology is impossible. At least with a Master of Social Work you can be easily accepted with good grades (not only HD's) and register with a recognised body. This is quite a shame for the mental health workforce who is in need of clinicians to treat patients. While I started out good-natured, innocent young student who wanted to help others, I will leave Psychology after 2020 being a tired, weary General Psychologist. However most of the people I know at other Universities are paying \$70,000 or more HELP fees for their full-fee spots despite being Domestic Students. So maybe then, the fact my Commonwealth Supported Place (CSP) is a rarity it says I'm one of the lucky ones. PROBLEM GAMBLING & SPORT In Victoria, we love our AFL. However, AFL is lately intertwined with Sports Betting. Problem Gambling is a mental health condition which causes great harm to the individual and their family and friends at large. In Victoria, we need to be brave enough to ban Sports Betting advertising and rid of Nathan Brown's evening segments on TV encouraging us to bet. This also often occurs when children are still awake and the community has been asking for change for years. We already have so much access to betting apps on our phones, the last thing we need is

for vulnerable children and adolescents to feel that gambling is normalised in our society. Sally Gainsbury is a prominent research in this space and her academic work could really help to inform the Mental Health Royal Commission. "