

Royal Commission into Victoria's Mental Health System

Submission

Joel Magarey

I am a freelance mental health journalist who is published in mainstream national media outlets, including The Age, The Australian, The Sydney Morning Herald. The following submission is based on research I have conducted as part of my journalism.

I do not believe a royal commission into mental health could do justice to reform of the mental health sector without due consideration of harms created directly by clinical or containment practices in the contemporary mental health system.

In regard to what I submit is the foremost or among the foremost of these harms, early deaths of mental health consumers, I wish to point the commission to an original research contribution in the form of an estimate of the national scale of this death toll that I was provided with by nationally and internationally respected University of Western Australia epidemiological researcher/mental health statistics expert Associate Professor David Lawrence.

For the purposes of a story published in The Australian I asked Assoc. Prof. Lawrence if he could use the Western Australian services/deaths data collected for his seminal study, 'The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers' (The BMJ. 2013; 346:f2539) to extrapolate a national estimate of early/excess deaths from physical illness among state mental health service users - i.e. to generate a national Australian number in relation to this previously hidden death toll.

Assoc. Prof. Lawrence produced the profoundly disturbing estimate that there are more than 9000 such excess deaths in Australia each year. These are deaths from largely preventable physical illnesses such as cardiovascular disease and cancers that are hitting this population at far higher rates, owing to causes, other research suggests, that include discriminatory, sub-optimal treatment in the health system and the adverse physical health effects of psychiatric medications, particularly antipsychotics and particularly when these are misprescribed or prescribed in the absence of the clinically indicated monitoring.

The story elaborates one area of discriminatory suboptimal treatment identified in relation to cancer, see <https://www.theaustralian.com.au/nation/health-science/disease-kills-mentalhealth-patients-earlier-report/news-story/3b2d7f3b7f2e193c529e0f91d5ac1c7b> and for more on monitoring and prescribing failures with antipsychotics see another story, <https://www.theaustralian.com.au/nation/health/antipsychotic-drug-plague-running-unchecked/news-story/fbb40d70a12f81e30270ea1dd4ce2c76>.

For an acknowledgement by the Royal Australian and New Zealand College of Psychiatrists that "a significant proportion of the premature mortality ... can be avoided" but was not being due in large part to clinical/professional/ethical failures, see

<https://www.theaustralian.com.au/nation/health/mentally-ill-dying-of-stigma-failure-of-health-professionals/news-story/a0a7adf649db699efd017636b50b8b4d>

Note that the death toll figure according to Assoc. Prof. Lawrence's estimate rises to 12 000 once deaths from suicide are included – which gives an excellent sense, without at all minimising it, of the suicide death toll's size relative to the toll of excess/early deaths from largely preventable physical illness. Simply put, the latter is more than three times larger than the suicide toll, though the average number of years lost per death due to suicide is, I understand, greater than the average number lost in deaths due to physical illnesses.

Note that these more than 9000 deaths are exclusively among users of state mental health services (the data source Prof. Lawrence had access to) so is regarded, as I understand it, as a significant underestimate of the total early/excess death toll from physical illness among Australians with mental health issues.

Finally, it's worth noting that as I understand it some of the excess/early death toll may be hypothesised by researchers to relate to potential biological links between mental illness themselves and adverse physical health. Unhealthy behaviours among consumers, such as smoking and sedentariness, are likely also to be factors. However, the scale of preventable mortality - often with tangible/identifiable discrimination-related, access-related or clinical-failure-related causal factors, is still acknowledged, even by the peak psychiatric professional body, to be disturbingly high.

2. The second system-caused harm I would highlight – and there are many of course – is the suite of harms relating to coercive and other inpatient adverse experiences that researchers have begun to classify as "sanctuary harms" or "sanctuary trauma". (See 'Frueh, B.C., et al., Patients' Reports of Traumatic or Harmful Experiences Within the Psychiatric Setting. *Psychiatric Services*, 2005. 52: p. 1123-1133' or the article is available online <https://www.theannainstitute.org/Patients%20rpts%20of%20trauma%20or%20harm%20in%20psychiatric%20setting.pdf>).

Among the commissioners are two people highly knowledgeable on the harms related to seclusion and restraint so I will not elaborate on the harms associated with these practices, though in two stories written about the kinds of damage these practices create in the Victorian setting I have assembled both research findings and senior clinicians' contemporary estimates:

<https://www.theaustralian.com.au/news/health-science/deaths-injuries-trauma-the-fallout-from-psychiatric-practices/news-story/1e1be5ae62150c5fa23a8424ddf7ddb>

<https://www.theaustralian.com.au/news/inquirer/alone-in-a-living-hell/news-story/519b3c0f237f499251e537aed5de2013>

Likewise, the commission would be aware of other forms of sanctuary harm and the capacity many of these experiences/practices to particularly impact, owing to their acknowledged traumatising effects, on people who already suffer post-traumatic effects at extremely high rates, so I will only note this without elaboration.

I hope some of this information or these references may be of assistance to the commission in its work.