

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

SUB.0002.0015.0014

Dr [REDACTED]

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

"Educating service providers such as Centrelink and Jobsearch agencies, the police etc in understanding mental illness and how best to treat people with mental illness."

## **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?**

"Very little to nothing is working well in my rural community despite both Albury and Wodonga having community mental health centres and a Headspace centre in Wodonga and Child and Adolescent Care units. Anyone who asks for help should be given expert help, regardless of what the person thinks of the extent of any mental illness or not. A community mental health worker should never be able to tell a GP that their patient doesn't need to be seen because they are 'not in crisis'. This is literally what happens to me when I ring these organisations. If a person has a private psychologist or psychiatrist they should never be told they cannot access public funded care. Many mentally ill people cannot afford ongoing private care and/or there is a very long wait to see someone. The response of all the publicly funded mental health care centres is that mentally ill people cannot attend the public centre if they have any private care. This is very wrong and damaging. "

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

"I feel that nothing is working well. I've been a GP for over 35 years and things are worse than ever. I see suicidal patients almost on a daily basis as do all my colleagues. If I refer patients to public mental health services and they are dismissed because they are not 'in crisis', this does more harm. Consequently, I rarely refer to these services. I see patients at risk daily or weekly until I feel they are less in danger of dying. I have heard of a service in NSW where ANY patient attending a casualty with suicidal thoughts must be assessed by a psychiatrist using teleconference before they are allowed to leave. This should be the bare minimum for prevention of suicide but it doesn't happen in my area. I have known many patients including adolescents with very strong suicidal thoughts and even actions such as at the railway station planning to jump in front of a train, taken to casualty, sent home, told someone will ring them by the next day and follow them up and these calls don't take place. It is unacceptable. Extremely suicidal young people attending Headspace have been told there will be a three-month wait before they can see a psychiatrist by teleconference. The staff at Headspace are reasonably good at minor mental health issues such as intrafamily/school issues but are not trained for more serious mental illness. I have never heard of them employing a Clinical Psychologist who could be expected to make an accurate diagnosis and treat the more complex young people. Finally, I do not get any letters or phone calls from these organisations - casualty/mental health centres/child and adolescent units/Headspace. I have sometimes treated these people for up to thirty years and their extended families. I know so much about who and what could be helpful but there is no sharing of

information. "

**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 issues behind poor mental health lie in our society generally and are complex. I think advertisements encouraging healthy behaviours would assist. The trouble lies in the lack of professional, competent services when people ask for help. I cringe when I see things like RUOK as I know when people say they are not OK, there is nothing there for them unless they are perceived as high risk and even then, the service is patchy at best. We desperately need more psychiatrists in rural areas. Govt should do 'whatever it takes' to get them here, including financial incentives to leave their cushy inner city practices. This also applies to clinical psychologists and other professionals who are much more experienced than the average psych nurse or counsellor. This will cost and the gov't has to be ready to pay for it. I am horrified to read of the average cost of a service at Headspace when I know the service provided is pretty basic. This money should be going directly to senior mental health people as it can be some of the most challenging work of all. As mentioned above, services do not link with family GP's but we end up providing the majority of mental health services in a rural area. Psychiatrists are either closed for all new bookings or have a up to 5 month wait list for new patients. They can be extremely expensive with high out of pocket costs for the patient because medicare is so pathetically low. Also, although teleconference with psychiatrists is accessible, my patients have found it unhelpful. They feel the disconnect which impacts on their feeling of being heard and understood. When I refer patients to a psychiatrist in Melbourne (when they have the resources for the 8 hour return trip), they often try following up with teleconference then choose to make the trip to Melbourne for face-to-face therapy. There is a strong human to human aspect of psychiatric treatment that online does not provide. "

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

"I don't know what it is like in the cities but very poor access to highly trained psychiatric professionals is really impacting the poor mental health in our rural communities. Counsellors and nonclinical psychologists are not trained for serious mental health conditions. Mental health nurses are not trained in psychological services. When people can afford the significant Gap payments to private psychologists, there is a limit of 10 visits per calendar year that are subsidised. This is inadequate for the most at risk people. Perhaps the Vic Gov't can look at subsidising further attendances if certain criteria are met. Overall, the quality of the private psychologists is better than the public mental health services who are usually nurses and counsellors, not actual psychologists let alone senior clinical psychologists."

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

"Family members and carers are desperate to get help. If their loved one is getting good care, they are generally satisfied. They despair when they see next to no care being provided. Fix the care and the family members and carers feel good. "

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

"I don't know. I suspect there are high rates of burnout, possibly because they are only seeing the

highest risk patients. As mentioned, I think there needs to be higher funding for more qualified mental health providers such as psychiatrists and clinical psychologists. It needs to be targeted so money isn't just disappearing into bureaucracy. I know most services use providers who are the cheapest and preferably those that will bulk bill the patient. When there is always a significant number of these patients who won't turn up on the day, due to their illnesses, these providers move on when they feel more confident of private practice. It is not reasonable to expect highly trained professionals to work for much less than they would get in private practice. These professionals, in turn, can be highly effective in educating the lesser trained staff providing services and easing some of the burden. "

**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?**

"Minimal as they rarely obtain support workers who have any understanding of their mental illness. It is common to have patients with severe anxiety with panic attacks attending job search via Centrelink (or they get cut off) and then being told they will HAVE TO attend training, do a job placement in a place very likely to trigger their panic disorder etc. My sickest patients can't get Disability Allowance from Centrelink until they have been seeing a psychiatrist for close to two years. There are enormous difficulties accessing private psychiatrists locally and they are too costly for people on Newstart. Thus they are 'stuck' on Newstart with all the attendant severe financial distress and the job search requirements making them even sicker. Centrelink will not accept my opinion as a family GP who may have known the patient all their life literally, that they have serious, and chronic mental illness that is not expected to improve. When a patient has been able to afford the time and cost of seeing a private psychiatrist and finally get on Disability Allowance, they can generally improve somewhat and participate in appropriate limited training or volunteer work and even sometimes work up to 15 hours per week. "

**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?**

"People with severe mental illness are at most risk of dying. This is sometimes a very high risk and often recognised by the patient and/or their family and friends and their GP. They are not being treated with the urgency and experienced professionals that they need. If they were to present at casualty with chest pain, they would be triaged effectively, seen by an emergency doctor rapidly, then a cardiologist and even flown to Melbourne for an urgent angiogram to prevent further heart attack etc. Almost every life-threatening illness I can think of gets treated as rapidly as they need and by the relevant specialist in that field. If they have a bleed on the brain, they have a rapid MRI and flown to Melbourne for neurosurgical best level treatment. They don't get told a counsellor will ring them in a few days to discuss their life-threatening illness (and then often not even get that phone call) This doesn't happen in mental health with utterly tragic results. Having rapid access to a psychiatrist could greatly influence the quality of care going forward. "

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

"Be prepared to train and pay properly for experienced professionals in mental health. This is triage and when the patient's health allows for it, they can then continue treatment with counsellors and their GP etc. Managing drug addicted mentally unwell people is a different story as is treating dual diagnosis and triple diagnosis. As a GP I see and hear from many families of their family

members who have mental illness without proper treatment, who then turn to drugs and who then get dismissed as just druggies by the various services. Sometimes these patients become forensic with police involvement. It often seems that if they could have had the timely and expert help they needed when first mentally unwell, this may have avoided the drug use and forensic activity."

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

"The situation is desperate. I see suicidal people almost daily as a GP and hear of parents describing their children's severe mental illness also nearly every day. I also frequently hear of the devastation of ice usage in family members or friends. I hear the distress of mothers calling the police on their children, knowing and hoping they will be locked up, for fear of their behaviour whilst drug affected. Nearly all these children have an underlying mental illness which needs to be skilfully addressed. Drug and Alcohol counsellors do not seem to have psychiatric training and should only treat people who have been assessed properly as not having an underlying mental illness. At the least, mental illness needs to have the funding to be equal to other illness types. Without being prepared to pay properly to these specialists, the rest is a bad joke and a waste of money. You don't get a nurse or a counsellor to assess your newly diagnosed cancer and decide on whether it is urgent or not to begin treatment. Why are the mentally ill managed this way? All other life-threatening illnesses lead to rapid specialist level assessment and management with community treatment when the highest risk has passed and there is a treatment plan. Beds are found and patients stay in hospital until their illness is under control and it is safe to return to community care. (it goes without saying, there are never adequate beds available in our local psych wards)"