

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?

"There needs to be a National Royal Commission because the issues facing Victorian understanding in mental illness and the stigma and discrimination is a national problem due to systemic failures existing with the universities, government agencies etc. There needs to be a move away from the DSM 5 Classification System for classifying mental illness to the Power Threat Meaning Framework where mental illness, rather than being viewed from the bio-medical model acknowledges that psychological distress is most often as a result of psychological injuries occurring from life experiences. Please follow this link to find out more.

<https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework> There must be a move away from labelling people 'ill' and there must be an understanding that they are struggling. Culturally, Victorians (and all Australian) are losing the ability to actively listen to others, show compassion and empathy and have time for others. Eye contact, listening rather than giving our version of an other's suffering, validation and warmth are vital personal qualities for helping people with mental health struggles. This is more powerful than throwing pills at them, questionnaires and clinical labelling. People who are struggling want to know that someone cares about them. There MUST be a greater understanding about Narcissistic Personality Disorder and high degree malignant and covert narcissism and their abusive natures. They exist everywhere...in families, at work etc. They are often charismatic to those they can gain something from by charming them and go about destroying the lives of others in a way that makes the narcissist look like the victim and the victim like the perpetrator. I am a Psychologist in clinical practice and nearly all the clients I see presenting with Depression, Anxiety and Suicide Ideation are being abused by narcissists without realising that this is what has been happening to them. "

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?

"What Can be Done Better 1. Australia wide education in the dangers of narcissism and how to deal with them, how to show others that you care using warmth, validation, eye contact, active listening skills. Victorians (Australians) are culturally becoming more and more self-absorbed, egotistical, arrogant and punitive and this is having dire consequences. 2. There are 24,000 Psychologists in Australia without an endorsement in Clinical Psychology (approximately 70% of Psychologists) and most are in clinical practice. The evidence (Pirkis 2011) shows they are as competent (same outcomes and service) as Clinical Psychologists but they are being disenfranchised from the mental health system due to key figures in Clinical Psychology and Psychiatry misrepresenting the facts and purporting superiority. Over time, this has led to more and more trade restrictions being placed on the majority of psychologists by government agencies and pay rates so low compared to Clinical Psychologists that many psychologists are considering leaving the profession. Now, the Psych Board of Australia and the Aust. Psych Society is stacked with Clinical Psychologists. The situation is dire. All Psychologists have a minimum of 6 years

education and training in mental health to begin with and every year after that engage on professional development. Non-Clinical Psychologists are more prevalent in lower socio-economic areas of Victoria. Anything that impacts on the practice of 24,000 Psychologists impacts ultimately on the client trying to access the service. Medicare DVA, NDIS and Centrelink discriminates against Psychologists in clinical practice who can not call themselves Clinical Psychologists because of the effective lobbying of the APS and ACPA against them. "

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

"What can be done better 1. Medicare and government agencies MUST start valuing allied health more. They MUST value soft skills over medicalisation of mental health...warmth, compassion, active listening and eye contact. 2. Medicare must get rid of the two tier system in Psychology favouring Clinical Psychologists. They are NOT superior (Pirkis 2011) in outcomes and the service they offer is the same as other Psychologists that are Medicare Providers. The government MUST UNDERSTAND that offering a lower rebate to Psychologists on the second rebate tier (based on no evidence of different outcomes (Pirkis 2011)) are discriminating against the client. That's right.....it is the client who is discriminated against!! This means that a suicidal client who trusts the Psychologist who has is artificially on a lower tier is financially being discriminated against. 3. Inroads can be made in suicide by the adoption of the Power Threat Meaning Framework away from the DSM5. 4. Medicare should raise the rebate for all Psychologists, Social Worker and Clinical Psychologists. One tier for all. 5. There must be a cultural shift where soft skills are being taught from school through to adulthood..eye contact, active listening skills, validation etc. This means that as a nation we will be better equipped to care for those who are struggling. We have become a very self-absorbed nation, Research shows that the more competitive people are the less compassionate they are likely to be. This is a major problem in our democracy that rewards success. 6. There needs to be psychoeducation in Victoria about Narcissistic abuse and how to deal with narcissists. Underlying many mental health issues is ongoing abuse by narcissists leading to depression and anxiety. This link is often overlooked. "

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.

"1. Our culture is competitive and we are becoming self-absorbed. We are losing the soft skills to care about others. These need to be taught so that we can assist others when struggling emotionally. 2. Many people who suffer mental health problems have suffered from narcissistic abuse. The problem of narcissism is endemic in our society. The dynamics of narcissism and narcissistic abuse must be taught. 3. Clinical Psychologists are mostly centred in higher socio economic areas. Psychologists in clinical practice are as competent as Clinical Psychologists (Pirkis 2011) and are more likely to service clients from lower socioeconomic and disadvantaged areas in Victoria including rural, remote, regional and indigenous communities. It makes sense then that ALL psychologists are on one Medicare tier...otherwise the most disadvantaged are further disadvantaged by getting a lower rebate. Also, many Psychologists servicing these disadvantaged groups are trying hard to bulk bill out of compassion for the client but after expenses are only making \$25 per hour. Many Psychologists on the lower tier are demoralised and finding it hard to survive financially. Many are talking about having no choice but to leave the profession. The government needs to fund psychological services equally and more generously so that all clients can access a Psychologist without discrimination."

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

N/A

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

Medicare should offer rebates to family members and carers seeing allied health professionals when the focus is on the primary client.

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

"Psychologists are demoralised....70% of Psychs are being discriminated against by the government because of the political lobbying of the Clinical Psychology faction. This is a virus that has caused division in the profession. It began with the APS Board grandfathering board members into Clinical Psychology and then lobbying government saying that non-clinical Psychologists weren't as competent. There was and is nepotism, collusion and corruption. The APS needs investigating. Then a break away society was formed AACP under Judy Hyde (The Aust Assoc of Clinical Psychologists) that continues to lobby government and publish falsehoods about their superiority. Fast forward today and the Psychology Board and APS are stacked with Clinical Psychologists. What they don't tell you is what the true science has shown...ALL Psychs in clinical practice regardless of endorsement as a Clinical Psychologist are equally competent and offer the same service (Pirkis 2011). Dr Felicity Allen and Professor Mark Anderson conducted further research and concluded the robustness of methodology of Pirkis 2011. So why does DVA pay Clinical psychologists \$303 for a session but other Psychologists \$164?? Why does DVA pay Clinical Psychologists for reports but demand other Psychologists to provide them for free? Why does Centrelink now reject reports written by Senior Psychologists and only accept reports written by Clinical Psychologists...even when the Clinical Psychologist maybe a graduate and the Senior Psychologist is their supervisor?? Why does Beyond Blue recommend that people with mental health issues see a Clinical Psychologist for moderate to severe problems and a GP or APP for mild to moderate issues and ignore all other Psychologists in their recommendations to the public??? Why does the NDIS also discriminate against the majority of Psychologists??? I'll tell you why...it's because boards are stacked with Clinical Psychs, nearly all of the academic pathways to becoming a practicing and competent Psychologist have closed down except for Masters in Clinical Psychology, the most vocal Clinical Psychologists have an elitist agenda to prove superiority. They know full well the evidence doesn't exist so they twist the available research to fool the government in believing their narrative. So with appallingly low pay, the majority of Psychologists are demoralised, struggling financially and tired of being belittled by lies and false narratives. We fear for our clients who depend on us. waiting lists are so long to see a Clinical Psychologist...there is a willing and able Psychology workforce Australia wide who are facing increasing trade restrictions. The Victorian Dept of Health recently advertised for mental health workers...Social Workers or Occupational Therapists with 3 or 4 year degrees were encouraged to apply or Psychologists with 6 years of education and training AND 9 years of experience. What an insult. What a joke. There needs to be a parliamentary inquiry into this. APS, AACP, AHPRA and the government needs to be held accountable. It is a travesty of epic proportions. Surely it was be illegal. Ecen ACCC have ignored our submissions."

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?

N/A

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?

"Beyond Blue should acknowledge the competency and value of Psychologists who aren't Clinical Psychologists. Allied health needs more funding. There should be a move away from DSM5 Psychiatric Classification and the utilisation of the Power Threat Meaning Framework. ALL Psychologists and allied mental health workers should be valued highly. There needs to be a move away from the bio-medical model. There needs to be an inquiry into the vested financial interests of the pharmaceutical industry and key psychiatrists and how they lobby and influence government decision making. Domestic Violence should become synonymous with Narcissistic Abuse and the mental health system needs to link up with the legal system so that the family courts acknowledge narcissistic abuse in divorce settlements, custody battle etc. There needs to be funding of research into the dangers of psychopharmaceutical medications...this gets ignored but there are many case studies of people suiciding etc because of the medication."

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

This can not be done as a stand alone because the matters affecting the Victorian mental health system are systemic. There needs to be a national Royal Commission.

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

"I suggest the Royal Commission call to the stand these great Psychologists who will be able to make a great contribution to how the system can change for the better. They will be able to discuss from an evidence-based perspective how there is collusion and nepotism destroying the livelihoods of 24,000 Psychologists Australia-wide (and Victoria of course) and how this is impacting on mental health service delivery and outcomes in Victoria. Dr Clive Jones Dr James Alexander Dr Felicity Allen In conclusion: There needs to be a parliamentary inquiry into the discrimination against the majority of the Psychology workforce. There needs to be a national Royal Commission. The Aust Psych Society needs to be held to account for only representing the Clinical faction and for lobbying government to discriminate against the majority of its' membership WITHOUT the evidence to back up their Medicare submissions. The Royal Commission needs to be wary of some of the key figures in the mental health industry because of their vested interests. Narcissistic abuse needs to be better understood as it often underlies Depression, Anxiety and Suicide. The Psych Board of Australia is stacked by Clinical Psychologists. This needs disbanding and a more representative board created. There needs to be a move away from the DSM5 classification system of psychiatric disorders and the adoption of the Power Threat Meaning Framework. There needs to be an acknowledgement of how self-absorbed our culture has become. People have lost the soft skills to validate those that have suicide ideation, Depression or Anxiety. Eye contact, warmth, compassion and active listening skills needs to be valued more than competitiveness. All allied mental health professionals need to be valued equally and a one tier Medicare rebate. There needs to be less reliance of medication and the bio-medical model of mental health and more reliance on counselling, caring, warmth, validation and compassion. "