

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

SUB. 0002.0001.0252

Name

Anonymous

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

"The Centrelink issues Centrelink manages the Disability Pension and in doing so should have appropriate skills to assist those with mental health issues. Many decisions made by Centrelink staff can trigger highly emotional responses and even a breakdown for individuals suffering from a mental health condition. Therefore it is imperative that staff are aware of the levels of anxiety a reduction of benefits can cause, the impact of a harsh judgemental manner, the requirement of individuals to regularly attend appointments at Centrelink when they are clearly unwell and the sometimes extensive waiting periods on the phone. In addition, when an individual on the DSP works the occasional shift for work and may earn a few hundred dollars (often as a casual worker), once the individual notifies Centrelink of their earnings (which they are required to do), they are penalised not just for that week's DSP but their DSP does not go back to a full pension for ~ 6 weeks. As a result, debts mount up and even more anxiety develops which further compounds the mental health of the individual. This reduces the incentive to work, which as we are all aware, provides many of us with a meaningful life and can also improve mental health. As well as the above, when an individual with mental health conditions applies to undertake studies, they should not be reverted to Newstart since they may not be able to maintain their study in the long-term. Newstart is for students who will need to find work while they study to support themselves adequately which a person with mental health issues will not be able to undertake this may be too demanding for them. Coming home from Hospital On each discharge from hospital after a crisis, individuals are left isolated and unsupported. There are some low-level outreach programs which may see a worker visit for 1 hour per week for a few weeks after discharge. This is insufficient for the majority of people who have suffered a major breakdown. A mental health plan must be in place for any individual leaving hospital whether it be from a public or private hospital. The mental health plan for discharge should include (this could be similar to an Aged Care Plan): Clear medication charts Ready access to a psychiatrist or other health professional if the individual is not coping A regular follow up for checking on medication, general health and well-being including eating regularly, hygiene, general state of their living conditions etc maybe daily initially Providing support and assistance to engage with meaningful and appropriate, individualised work opportunities or study Addressing loneliness after discharge is critical and should not be left to supporting families to manage alone Work opportunities for high functioning mental health individuals It is well researched that meaningful work or study is critical for good mental health. Being occupied in work/study helps individuals to engage with others, prevents isolation and reduces the incidence of re-occurring mental health breakdown as long as the work is appropriate. Governments need to provide incentives to businesses to establish social enterprises which are prepared to take on individuals who may not always be reliable, may need extra support and will at times be too unwell to work. Once the social enterprises/businesses have been established they need to be linked to mental health hospitals and clinics for individuals to be able to easily access them. The work needs to be meaningful for higher functioning individuals not a

sheltered workshop arrangement but could include gardening, traffic management jobs in construction, filing work etc. Research into more appropriate anti-psychotic medication Many of the medications used to treat mental illness cause excessive weight gain, depression and other debilitating side effects. Significantly more research needs to be undertaken to develop medications which have few if any significant side effects. Weight gain may not seem significant for some but a person who already suffers from a mood disorder such as depression or bipolar will become very despondent when they commence to gain weight affecting their self-image. Greater investment and research must be dedicated to developing medications with fewer side effects."

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?

A trial in Geelong The trial currently being run in Geelong where a psychiatric nurse and a paramedic can be called out to assist people with mental illness is a great way to manage mental health issues. It is not as dramatic as the CATT team or police and ambulance arriving to assess an individual and may well be a very innovative way to assist not only the individual with mental health issues but also the families trying to deal with the issues. A new trial is being launched in Geelong which will see specialist mental health staff will join paramedics in call-outs where mental health is a factor. It is hoped that this trial will be extended to the whole of Victoria as soon as possible.

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

N/A

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.

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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?

"Support for families dealing with mental health family members A person with mental illness often has little control over their behaviour. This can include aggression, total lack of financial management, despondency so deep that they are unable to function, inability to maintain friendships, uninhibited behaviour, inability to take responsibility and poor time management to name a few. It is apparent that in the last 20 years, family members pick up the responsibility of trying to manage their sick relative. This not only affects the immediate carers but the entire family is affected. There is a snowball effect which means that those trying to manage the sick family member, themselves begin to suffer from anxiety and stress. This in turn affects the way those involved with the sick family member are able to maintain their capacity to work efficiently and effectively. In a report by Prof. Allan Fels released in 2017 it is clear that the repercussions of mental illness reverberate throughout society: The scale of the challenge is enormous. The cost of mental illness to the economy is around 4% of GDP. Nationally we spend about A\$9 billion out of a total health budget of A\$170 billion to treat and escape it. That's less than 1% of GDP. If we spent more and cut mental illness by 25%, we would be rewarded by an ongoing boost to the Australian economy of 1%, each and every year. Four in every ten Australians aged 16 to 85 will have a common mental disorder at some point in their life; that's around 8.6 million people. People with mental illness typically die younger and are more likely to be unemployed and face homelessness. Support structures including the concept of a clear discharge plan which includes support for family members and an ongoing plan for individuals with a mental illness to try to avoid regular breakdowns are just two ways to better manage individuals with a mental illness in the community. Beyond Blue and organisations like Mind are useful but they are only referral services they are still not able to provide any real services such as home visits, shopping trips, financial advice or support for family members. NDIS The NDIS appears to more readily treat persons with a physical illness/ disability but those with intermittent mental health issues appear not to be well catered for. It is the intermittent nature of mental illness which is the hardest to assess and support but more opportunities need to be made available to those with a mental illness which can regularly reoccur between periods of wellness. Psychiatrists access to family members to overcome the Privacy Act Many psychiatrists are now recognising the importance of engaging family members in the treatment of individuals with a mental illness. The Privacy Act should no longer be the excuse for concerned and supportive family members to be excluded from critical information in order to help the individual suffering from a mental illness. In addition, people with a mental illness are often confused and disorientated and may have little recollection of their behaviour. This is where family members can sort fact from fiction for the psychiatrist. Respect does need to be given to the individual with the mental illness if the family members are not acting in the best interest of the individual and the psychiatrist should also ensure that their primary role is to treat the patient and not work only with the family. There is a fine balance to be achieved but needs to be an important part of the treatment. Financial issues and the Privacy Act In addition to emotionally assisting the person who is mentally unwell, families are often burdened by the poor financial mismanagement of the person who is mentally unwell. This not only includes day-to-day living costs, but also manic spending which can be out of control. A recent situation for us involved our daughter signing up to 4 plans with Telstra at a cost of \$1,400 per month for the next two years. Her psychiatrist wrote a letter to Telstra explaining her irrational purchases, but Telstra quotes the Privacy Act (as does the Communications Ombudsman) and says that only our daughter can terminate the contracts unless we have Power of Attorney (POA) over her affairs. This is totally unreasonable since it has been made clear to Telstra that the purchases were made in an extreme manic period as was indicated by her psychiatrist. The letter is with Telstra but they refuse to act to terminate her accounts. People like our daughter cannot make rational decisions during periods of mania and are unlikely to give others POA. In the meantime, her costs continue

to mount and credit managers are chasing her as well from Telstra. It must be made possible that family members or psychiatrists are given the power to ensure a reversal of poor financial decision making in other words the Privacy Act is not acting in the best interest of many people with a severe mental illness. It would be preferable for a psychiatrist to be allowed to provide evidence of mental instability/impairment in extreme cases which in turn should be sufficient to override the Privacy Act. She also has [REDACTED] (debt collectors) chasing her for an outstanding bill of \$5,100 on a NAB credit card which she has no capacity to repay. All this means that families are trying to manage very difficult and challenging financial situations with little or no capacity to ensure a positive outcome for the person with the mental illness. "

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

N/A

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?

"Coming home from Hospital On each discharge from hospital after a crisis, individuals are left isolated and unsupported. There are some low-level outreach programs which may see a worker visit for 1 hour per week for a few weeks after discharge. This is insufficient for the majority of people who have suffered a major breakdown. A mental health plan must be in place for any individual leaving hospital whether it be from a public or private hospital. The mental health plan for discharge should include (this could be similar to an Aged Care Plan): Clear medication charts Ready access to a psychiatrist or other health professional if the individual is not coping A regular follow up for checking on medication, general health and well-being including eating regularly, hygiene, general state of their living conditions etc maybe daily initially Providing support and assistance to engage with meaningful and appropriate, individualised work opportunities or study Addressing loneliness after discharge is critical and should not be left to supporting families to manage alone Work opportunities for high functioning mental health individuals It is well researched that meaningful work or study is critical for good mental health. Being occupied in work/study helps individuals to engage with others, prevents isolation and reduces the incidence of re-occurring mental health breakdown as long as the work is appropriate. Governments need to provide incentives to businesses to establish social enterprises which are prepared to take on individuals who may not always be reliable, may need extra support and will at times be too unwell to work. Once the social enterprises/businesses have been established they need to be linked to mental health hospitals and clinics for individuals to be able to easily access them. The work needs to be meaningful for higher functioning individuals not a sheltered workshop arrangement but could include gardening, traffic management jobs in construction, filing work etc. Research into more appropriate anti-psychotic medication Many of the medications used to treat mental illness cause excessive weight gain, depression and other debilitating side effects. Significantly more research needs to be undertaken to develop medications which have few if any significant side effects. Weight gain may not seem significant for some but a person who already suffers from a mood disorder such as depression or bipolar will become very despondent when they commence to gain weight affecting their self-image. Greater investment and research must be dedicated to developing medications with fewer side effects."

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?

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management, despondency so deep that they are unable to function, inability to maintain friendships, uninhibited behaviour, inability to take responsibility and poor time management to name a few. It is apparent that in the last 20 years, family members pick up the responsibility of trying to manage their sick relative. This not only affects the immediate carers but the entire family is affected. There is a snowball effect which means that those trying to manage the sick family member, themselves begin to suffer from anxiety and stress. This in turn affects the way those involved with the sick family member are able to maintain their capacity to work efficiently and effectively. In a report by Prof. Allan Fels released in 2017 it is clear that the repercussions of mental illness reverberate throughout society: The scale of the challenge is enormous. The cost of mental illness to the economy is around 4% of GDP. Nationally we spend about A\$9 billion out of a total health budget of A\$170 billion to treat and escape it. That's less than 1% of GDP. If we spent more and cut mental illness by 25%, we would be rewarded by an ongoing boost to the Australian economy of 1%, each and every year. Four in every ten Australians aged 16 to 85 will have a common mental disorder at some point in their life; that's around 8.6 million people. People with mental illness typically die younger and are more likely to be unemployed and face homelessness. Support structures including the concept of a clear discharge plan which includes support for family members and an ongoing plan for individuals with a mental illness to try to avoid regular breakdowns are just two ways to better manage individuals with a mental illness in the community. Beyond Blue and organisations like Mind are useful but they are only referral services they are still not able to provide any real services such as home visits, shopping trips, financial advice or support for family members. NDIS The NDIS appears to more readily treat persons with a physical illness/ disability but those with intermittent mental health issues appear not to be well catered for. It is the intermittent nature of mental illness which is the hardest to assess and support but more opportunities need to be made available to those with a mental illness which can regularly reoccur between periods of wellness. Psychiatrists access to family members to overcome the Privacy Act Many psychiatrists are now recognising the importance of engaging family members in the treatment of individuals with a mental illness. The Privacy Act should no longer be the excuse for concerned and supportive family members to be excluded from critical information in order to help the individual suffering from a mental illness. In addition, people with a mental illness are often confused and disorientated and may have little recollection of their behaviour. This is where family members can sort fact from fiction for the psychiatrist. Respect does need to be given to the individual with the mental illness if the family members are not acting in the best interest of the individual and the psychiatrist should also ensure that their primary role is to treat the patient and not work only with the family. There is a fine balance to be achieved but needs to be an important part of the treatment. Financial issues and the Privacy Act In addition to emotionally assisting the person who is mentally unwell, families are often burdened by the poor financial mismanagement of the person who is mentally unwell. This not only includes day-to-day living costs, but also manic spending which can be out of control. A recent situation for us involved our daughter signing up to 4 plans with Telstra at a cost of \$1,400 per month for the next two years. Her psychiatrist wrote a letter to Telstra explaining her irrational purchases, but Telstra quotes the Privacy Act (as does the Communications Ombudsman) and says that only our daughter can terminate the contracts unless we have Power of Attorney (POA) over her affairs. This is totally unreasonable since it has been made clear to Telstra that the purchases were made in an extreme manic period as was indicated by her psychiatrist. The letter is with Telstra but they refuse to act to terminate her accounts. People like our daughter cannot make rational decisions during periods of mania and are unlikely to give others POA. In the meantime, her costs continue to mount and credit managers are chasing her as well from Telstra. It must be made possible that family members or psychiatrists are given the power to ensure a reversal of poor financial decision

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

Expand the trial in Geelong A trial in Geelong The trial currently being run in Geelong where a psychiatric nurse and a paramedic can be called out to assist people with mental illness is a great way to manage mental health issues. It is not as dramatic as the CATT team or police and ambulance arriving to assess an individual and may well be a very innovative way to assist not only the individual with mental health issues but also the families trying to deal with the issues. A new trial is being launched in Geelong which will see specialist mental health staff will join paramedics in call-outs where mental health is a factor. It is hoped that this trial will be extended to the whole of Victoria as soon as possible.

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

N/A

Mental Health - a personal perspective



Our story

We have an adopted daughter (34 years old) who has over a number of years been afflicted with bi-polar disorder and borderline personality disorder which includes OCD, hypochondria and narcissism. Her psychiatrist has made it clear that she has inherited her mental illness but episodes are precipitated by anxiety and stress. She is often irrational, develops psychosis and paranoia, spends excessively while incurring debts, aggressive towards us and others, manic in her behaviour, depressed and has difficulty managing her life in general. She struggles to hold a job, hold onto her Disability Support Pension (there is no incentive to find part-time work and keep her pension), maintain friendships and maintain a balance with her mood disorders.

We are her only support both emotionally (and financially) apart from her psychiatrist whom she has now been seeing on and off for 15 years. She has on numerous occasions been admitted to the Melbourne Clinic often for more than 2 months. Her illness affects our family in a number of ways including managing high levels of our own stress which in turn affects our capacity to support her effectively. We are now nearly 70 and are concerned about her future when we are no longer able to support her. She has her own apartment which we bought for her to ensure that she has a secure place to live in which is secured in a trust arrangement.

The following discussion includes some of the issues we have dealt with over the years.

The Centrelink issues

Centrelink manages the Disability Pension and in doing so should have appropriate skills to assist those with mental health issues. Many decisions made by Centrelink staff can trigger highly emotional responses and even a breakdown for individuals suffering from a mental health condition. Therefore it is imperative that staff are aware of the levels of anxiety a reduction of benefits can cause, the impact of a harsh judgemental manner, the requirement of individuals to regularly attend appointments at Centrelink when they are clearly unwell and the sometimes extensive waiting periods on the phone.

In addition, when an individual on the DSP works the occasional shift for work and may earn a few hundred dollars (often as a casual worker), once the individual notifies Centrelink of their earnings (which they are required to do), they are penalised not just for that week's DSP but their DSP does not go back to a full pension for ~ 6 weeks. As a result, debts mount up and even more anxiety develops which further compounds the mental health of the

individual. This reduces the incentive to work, which as we are all aware, provides many of us with a meaningful life and can also improve mental health.

As well as the above, when an individual with mental health conditions applies to undertake studies, they should not be reverted to Newstart since they may not be able to maintain their study in the long-term. Newstart is for students who will need to find work while they study to support themselves adequately which a person with mental health issues will not be able to undertake – this may be too demanding for them.

Coming home from Hospital

On each discharge from hospital after a crisis, individuals are left isolated and unsupported. There are some low-level outreach programs which may see a worker visit for 1 hour per week for a few weeks after discharge. This is insufficient for the majority of people who have suffered a major breakdown.

A mental health plan must be in place for any individual leaving hospital – whether it be from a public or private hospital. The mental health plan for discharge should include (this could be similar to an Aged Care Plan):

- Clear medication charts
- Ready access to a psychiatrist or other health professional if the individual is not coping
- A regular follow up for checking on medication, general health and well-being including eating regularly, hygiene, general state of their living conditions etc – maybe daily initially
- Providing support and assistance to engage with meaningful and appropriate, individualised work opportunities or study
- Addressing loneliness after discharge is critical and should not be left to supporting families to manage alone

Work opportunities for high functioning mental health individuals

It is well researched that meaningful work or study is critical for good mental health. Being occupied in work/study helps individuals to engage with others, prevents isolation and reduces the incidence of re-occurring mental health breakdown – as long as the work is appropriate.

Governments need to provide incentives to businesses to establish *social enterprises*¹ which are prepared to take on individuals who may not always be reliable, may need extra support and will at times be too unwell to work. Once the social enterprises/businesses have been established they need to be linked to mental health hospitals and clinics for individuals to be able to easily access them.

¹ Clean Force property services phone 8481 3000 - <https://cleanforce.com.au>

The work needs to be meaningful for higher functioning individuals – not a sheltered workshop arrangement but could include gardening, traffic management jobs in construction, filing work etc.

Research into more appropriate anti-psychotic medication

Many of the medications used to treat mental illness cause excessive weight gain, depression and other debilitating side effects. Significantly more research needs to be undertaken to develop medications which have few if any significant side effects. Weight gain may not seem significant for some but a person who already suffers from a mood disorder such as depression or bipolar will become very despondent when they commence to gain weight affecting their self-image. Greater investment and research must be dedicated to developing medications with fewer side effects.

Support for families dealing with mental health family members

A person with mental illness often has little control over their behaviour. This can include aggression, total lack of financial management, despondency so deep that they are unable to function, inability to maintain friendships, uninhibited behaviour, inability to take responsibility and poor time management to name a few.

It is apparent that in the last 20 years, family members pick up the responsibility of trying to manage their sick relative. This not only affects the immediate carers but the entire family is affected. There is a 'snowball' effect which means that those trying to manage the sick family member, themselves begin to suffer from anxiety and stress. This in turn affects the way those involved with the sick family member are able to maintain their capacity to work efficiently and effectively. In a report by Prof. Allan Fels released in 2017 it is clear that the repercussions of mental illness reverberate throughout society:

'The scale of the challenge is enormous. The cost of mental illness to the economy is around 4% of GDP. Nationally we spend about A\$9 billion out of a total health budget of A\$170 billion to treat and escape it. That's less than 1% of GDP.'

If we spent more and cut mental illness by 25%, we would be rewarded by an ongoing boost to the Australian economy of 1%, each and every year. Four in every ten Australians aged 16 to 85 will have a common mental disorder at some point in their life; that's around 8.6 million people.'

People with mental illness typically die younger and are more likely to be unemployed and face homelessness.^{1,2}

Support structures including the concept of a clear discharge plan which includes support for family members and an ongoing plan for individuals with a mental illness to try to avoid regular breakdowns are just two ways to better manage individuals with a mental illness in the community.

Beyond Blue and organisations like Mind are useful but they are only referral services – they are still not able to provide any real services such as home visits, shopping trips, financial advice or support for family members.

NDIS

The NDIS appears to more readily treat persons with a physical illness/disability but those with intermittent mental health issues appear not to be well catered for. It is the intermittent nature of mental illness which is the hardest to assess and support but more opportunities need to be made available to those with a mental illness which can regularly reoccur between periods of wellness.

Physiatrists – access to family members to overcome the Privacy Act

Many psychiatrists are now recognising the importance of engaging family members in the treatment of individuals with a mental illness. The Privacy Act should no longer be the excuse for concerned and supportive family members to be excluded from critical information in order to help the individual suffering from a mental illness. In addition, people with a mental illness are often confused and disorientated and may have little recollection of their behaviour. This is where family members can sort fact from fiction for the psychiatrist.

Respect does need to be given to the individual with the mental illness if the family members are not acting in the best interest of the individual and the psychiatrist should also ensure that their primary role is to treat the patient and not work only with the family. There is a fine balance to be achieved but needs to be an important part of the treatment.

Financial issues and the Privacy Act

In addition to emotionally assisting the person who is mentally unwell, families are often burdened by the poor financial mismanagement of the person who is mentally unwell. This not only includes day-to-day living costs, but also manic spending which can be out of control. A recent situation for us involved our daughter signing up to 4 plans with Telstra at a cost of \$1,400 per month for the next two years. Her psychiatrist wrote a letter to Telstra explaining her irrational purchases, but Telstra quotes the Privacy Act (as does the

² Fels A., *The economic value of informal mental health caring in Australia* <http://www.mentalhealthcommission.gov.au/media-centre/news/report-launched-by-professor-allan-fels.aspx>

Communications Ombudsman) and says that only our daughter can terminate the contracts unless we have Power of Attorney (POA) over her affairs.

This is totally unreasonable since it has been made clear to Telstra that the purchases were made in an extreme manic period as was indicated by her psychiatrist. The letter is with Telstra but they refuse to act to terminate her accounts. People like our daughter cannot make rational decisions during periods of mania and are unlikely to give others POA.

In the meantime, her costs continue to mount and credit managers are chasing her as well from Telstra. It must be made possible that family members or psychiatrists are given the power to ensure a reversal of poor financial decision making – in other words the Privacy Act is not acting in the best interest of many people with a severe mental illness. It would be preferable for a psychiatrist to be allowed to provide evidence of mental instability/impairment in extreme cases which in turn should be sufficient to override the Privacy Act.

She also has [REDACTED] (debt collectors) chasing her for an outstanding bill of \$5,100 on a NAB credit card which she has no capacity to repay. All this means that families are trying to manage very difficult and challenging financial situations with little or no capacity to ensure a positive outcome for the person with the mental illness.

A trial in Geelong

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A new trial is being launched in Geelong which will see specialist mental health staff will join paramedics in call-outs where mental health is a factor.³

It is hoped that this trial will be extended to the whole of Victoria as soon as possible.

³ Providing faster mental health support for Geelong <https://www.premier.vic.gov.au/providing-faster-mental-health-support-for-geelong/>