

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

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

"- Promote an understanding of mental illness that considers the ecological and socioeconomic context of what leads to mental illness. - Promote an understanding of mental illness that considers the environment of early human development as a contributing factor to vulnerabilities to both early development of and later life development of mental illness. - Promote an understanding of problematic substance use as an attempt to self-medicate in the context of the above disadvantages or associated vulnerabilities. - Promote the role of cross-generational and systematic human rights violations as contributing factors towards mental illness. - Promote the use of new words and terms for understanding and responding to the intersection between human needs, the development of mental illness, treatment of mental illness, and substance use that enable a fundamental promotion of human agency, dignity, fundamental right to sovereignty, and de-stigmatization through clarification of context."

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 is already working well appears to be free access to some mental health support services, including case management and counselling services. - Mental illness prevention starts with behaviour changing education and awareness measures. This would include parental and schooling system awareness of children's needs and their sensitivity to adult stress and tension-displaying behaviour. Early awareness (educational and systemic) of the role of nutrition and exercise in maintaining health and promoting policy and systems accordingly is also important. Health warning labels on refined sugar-containing products and health warning labels on alcohol-containing products would inform consumers of health risks that enable them to make evidence-based decisions conducive to improved long-term population health which would likely lead to measurable improvements in mental illness and family health epidemiology outcomes over time. - Recognition of how difficult it can be for those with mental illness or lived experience to access person-centred services is important. By its very nature, mental illness can lead to social isolation, functional impairment, and phobias with regard to access to services. Barriers to people accessing treatment can include public perception of what's available and how effective it is as a treatment (incorporating holistic principles). If public perception, including the perception of those with mental illness or lived experience, is such that treatment options are not considered adequately person-centred (e.g. busy/over-worked services and systems), or up to date with international research developments (people have access to this information, though local politics can prevent effective treatment options from being utilized), then barriers to treatment and recovery will remain unaddressed. Another target is the manner in which GPs are educated about and able to promote referral pathways for patients with mental illness without unnecessarily structural impediments. "

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

"What's already working well appears to be the availability of some relevant services for responding to people with mental illness and whom at at risk of suicide. Reviewing and improving the policy-informed care and professional psychological supervision provided to the mental health workforce involved in suicide prevention would be helpful in terms of improvement. Reducing the time taken for those with mental illness to access person-centred treatment via psychiatric triage phone numbers would be a measure likely to reduce the likelihood of suicide as an outcome relating to appropriate service accessibility. Investing in the latest evidence-based research and promoting effective treatment options for reducing the severity of mental illness would be conducive to a more sustainable treatment and suicide prevention system. This includes research utilizing therapy adjuncts. Ketamine is one example of a medication that recent research has indicated has potential for treating mood disorders that can otherwise lead to suicide. Reference: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007654/> Mind-manifesting ('psychedelic') therapy adjuncts, such as transient 5-HT_{2A/C} agonists (e.g. psilocybin) with developed clinical research protocols, have thus far demonstrated a high degree of therapeutic efficacy for treating depression in international research programs without the requirement of chronic pharmaceutical treatment. They also constitute a highly person-centred approach to mental illness treatment to the degree to which the clinical protocols can be further researched locally and be made available in Victoria. The potential for cost-effective treatment of certain specific mental illness conditions utilizing these agents as an adjunct and catalyst for achieving accelerated therapeutic progress demands that such clinical protocols be considered for more than just end-of-life-anxiety (<https://www.themandarin.com.au/107603-psychedelics-to-treat-mental-illness-australian-researchers-are-giving-it-a-go/>). References: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007659/>; [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30065-7/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30065-7/fulltext) <https://www.nature.com/articles/s41598-017-13282-7> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6194345/> <https://www.frontiersin.org/articles/10.3389/fphar.2017.00974/full> Trauma-related comorbid suicidality is a significant issue and challenge for treatment services (<https://www.ncbi.nlm.nih.gov/pubmed/19842171>). It is not currently being treated with an up-to-date evidence base in Victoria, this leads to major public health costs over time, along with the ongoing impact on those with a mental illness, families, and communities. These mental health conditions are generally a complex phenomenon requiring a welfare-based biopsychosocial approach. Once safe and stable living circumstances are established, the most effective modern evidence-based treatments need to be utilized. MDMA-assisted psychotherapy is one new approach, now well researched in over-seas countries as effective, that is yet to be well researched locally in Victoria. A recent report summarized research in this area to date with an abstract that included the following quote: ""Thus far, an overall remission rate of 66.2% and low rates of adverse effects have been found in the six phase two trials conducted in clinical settings with 105 blinded subjects with chronic PTSD. The results seem to support MDMA's safe and effective use as an adjunct to psychotherapy."" Article URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5917000/> The protocol developed for the therapy can be found here: <http://www.maps.org/research-archive/mdma/MDMA-Assisted-Psychotherapy-Treatment-Manual-Version7-19Aug15-FINAL.pdf> Although the above therapeutic protocol requires screening of suitable candidates as part of research in order to be effective (some PTSD sufferers may have contra-indicating comorbid conditions or medication needs), the need for the therapy is growing as more conventional treatments are often ineffective, can exacerbate the condition, or are not treating the condition with relative cost-effective efficiency. This new approach may prove to be the most efficacious locally, if it has overseas, if research is more rigorously

advocated for in Victoria. The current challenge appears to be two-fold. Firstly, there are no current research programs for this treatment in Victoria, despite over a decade of research protocol development, promotion, and advocacy from the following organization:

<https://www.prism.org.au/about/> Secondly, another challenge is the lack of funding to train suitable therapists (<https://maps.org/training>) to meet the protocol standards in time to treat those with mental illness in the form of treatment-resistant PTSD in Victoria in accordance with demand. The following Melbourne-based organization aims to develop a local therapist-training program: <https://mindmedicineaustralia.org/> "

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.

"What makes it difficult for people to experience good mental health includes a lack of awareness of contributions to mental health decline in the biopsychosocial contexts, co-occurring disorders, socioeconomic struggles and inequality (legal, economic, political, etc), and the absence of a holistic evidence-based approach to treatment that incorporates lifestyle factors of significance as well as effective person-centred treatment. The details I have thus far contributed are relevant here, though improvement of the integration of mental health and substance-use disorder (AOD) services is required so that treatment team communication can be enhanced towards more efficient approaches to assessment and more cohesively multi-disciplinary approaches to treatment are promoted whenever client consent allows. "

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

"Socioeconomic disadvantage is a common factor contributing towards higher stress levels, poor human development outcomes, and associated prevalence of mental health conditions, often coupled with substance use disorders as a socially conditioned means of self-medication or avoidance of distressing states of mind. Enhanced prevention and treatment-oriented approaches to dual diagnosis epidemiology in high-prevalence communities is required. This would acknowledge the social and political responsibility of creating improved economic and social welfare conditions for minimizing pre-disposing vulnerabilities to mental illness in family environments. Early-intervention with social welfare service availability can additionally improve access to treatment, likely leading to down-stream cost-effectiveness. To be achieved, this would require a strategic approach that includes investment in social welfare, health services, and community integration centres for ease of access to these and other services that promote community development where needed. In summary, a combination of ecological, legal policy (e.g. controlled substance decriminalization), and social welfare service development considerations and associated reforms are required. These can be oriented towards improved and sustainable environmental design, resource access, elimination of discriminating controlled substance policies, and a health treatment-oriented systemic approach to target those communities experiencing poorer mental illness outcomes. "

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

"Family member's and carer's needs include safety and appropriate service access for guidance when required. Family members and carers require education in order to inform their responses and facilitation of interactions towards promoting best practice. Support services can play a role in

this and awareness of them and access to them is key. Ensuring that the idea of psychological safety is understood through promotion and outlets for maintaining safety are advertised, as well as effective services for maintaining family and carer support is required. Ensuring that social justice and complex family circumstances are assessed and understood effectively before actions taken by services is necessary. In some cases, this may involve improved inter-agency collaboration and care coordination amongst statutory government services and treatment services. "

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

"- Promote the latest research developments and training programs in tertiary and other research institutions to allow Victorian mental illness research and education to keep up with international trends and the latest developments in treatment without unnecessary restrictions imposed by government policy factors that run contrary to evidence. - Promote up-skill education or research scholarships for improving the educational awareness and clinical interpersonal skills and well being of the mental health workforce, especially in complex multi-disciplinary areas such as dual diagnosis. - Enforce a minimum of an undergraduate degree (and, ideally, graduate-level course experience) for supervisory and team coordinator or leadership staff in clinically-oriented roles in the Alcohol and other Drug sector. - Enforce independent professional psychological assessment of and training towards achieving psychological safety in mental health and AOD treatment organizations at all levels when public funds are involved, especially as relates to leadership cultures and complex team environments. Ongoing funding should be contingent upon therapeutic standards being met and maintained by organizations instead of strictly treatment-oriented data being received from organizations. - Remove activity-based (DTAU) funding from the AOD treatment sector in order to promote a psychologically healthier and less number-focused management culture in the sector. - Promote best-practice principles to organizations involved in treatment of mental illness in terms of person-centred care for clients, patients, families and people in the workforce. "

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?

"More efficacious and cost-effective treatment of mental illness through promotion of local research towards achieving this is required. My previous answers have included research references and links to organizations attempting to promote this locally. With a movement towards both prevention and more effective treatment outcomes, improved well being, functionality, social health, and economic activity can then be enabled. "

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?

"- Promotion of preventive education, removal of stigma and discrimination, and improved health-related information access in public spaces, especially as relates to dietary ingredients in consumer products and the benefits of exercise. - Improved family health awareness through promotion of psychological safety and healthy parenting practices. - Promotion of research into effective and innovative treatments for mental illness, including therapies, adjunct therapies, and holistic approaches to treatment towards achieving sustainable and cost-effective outcomes. - Less reliance on chronic pharmaceutical treatments for mental illness conditions that can be

treated without these through use of innovation and evidence-based therapies (as previously referenced). - Decreased delays between evidence-based treatment development and their utilization in the Victorian mental health service sector. - Greater collaboration between assessment and treatment services with improved access to the most effective treatments for certain conditions, especially mental illness with treatment-resistance or high associated rates of suicidality. - A greater emphasis on educating the mental health workforce in differential diagnosis, new paradigms for understanding mental illness, and transpersonal psychology to reduce instances of iatrogenic approaches to assessment and treatment. - Healthy work environments for the mental health workforce across different areas of the sector that includes assessment and promotion of psychological safety and quality control with regard to educational standard, therapeutic awareness, and supervision. - Improved funding of harm reduction outreach services to minimize the burden otherwise imposed on core mental illness treatment services. - Less use of law enforcement in the context of drug policing and greater promotion of health treatment pathways as a response. Mental health promotion includes human rights and personal sovereignty promotion. One issue that combines the two is use of drug detection dogs by police. Beyond the evidence suggesting use of these dogs for drug detection is not effective, this article further articulates why their use can be damaging to people's mental health:

<https://www.sciencedirect.com/science/article/abs/pii/S0955395919300581?dgcid=author> "

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

"- Promote innovative research towards achieving best outcome measures for treating mental illness. - Education of mental health service systems, primary healthcare services, and the mental health workforce regarding changes. - Education of families and those with mental illness about health promotion and service improvement initiatives. - Promotion of targets relating to evidence-based approaches to achievement of desired and attainable mental health epidemiological and treatment outcomes with reference to research and evidence. - Promotion of the value of health and well being amongst mental health workforce environments, as well as the need for organizations to implement measures that improve this where lacking."

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

"Cost-effective and sustainable mental health treatment promotion begins with an awareness of current issues with our understanding of and assessment of mental illness, treatment planning and modalities available, and service sector design, education, and monitoring. Enabling research initiatives that challenge current/failed paradigms for treating mental illness is paramount to making progress and effective outcomes that can benefit people with mental illness by improving their well being and functional capacity, not to mention reducing suicide rates. Allowing those with mental illness and lived experience access to the most efficient and cost-effective, evidence-based treatment protocols is paramount to avoiding an escalation in epidemiology that leads to reactionary containment strategies rather than proactive and sustainable management of mental illness prevalence. We are now in a position where we have access to much of the information required to promote innovative, solutions-focused research, improve treatment types and access, and refine the health and effectiveness of mental health treatment systems and service environments. Utilizing the available expertise, resources, and a value-driven approach is all that is required to make cost-effective and sustainable progress towards improving mental health outcomes in Victoria. "