

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

Organisation Name

Doctors Against Violence Towards Women

Name

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

"Education is key to reducing stigma and discrimination. This education needs to start as early as possible in schools, focusing more on emotional intelligence for the young, which would encourage them to develop empathy and respect for other people's feelings. This would help reduce the amount of toxic masculinity that ails our community that subsequently causes a gender inequality that culminates in the high rates of family violence, affects women and children in all demographic groups and essentially generates a big population of people who suffer of anxiety, depression and trauma, not to mention it being one of the biggest causes for homelessness for women and children. Education is also needed in the medical workforce given that there is still much stigma attached to mental health within medical profession. In this regard, two different approaches are required. One aimed at medical areas that are not psychiatry, and one for specifically psychiatry trainees. For non psychiatry areas, there needs to be constant education about mental health and the impact it has on the population, in particular in regards to trauma and how it can present. This is particularly important as 1 in 6 women have experienced violence by a current or previous partner and as many as 1 in 5 women have been sexually assaulted or threatened. The most important areas would be GP and Emergency as they would be making the initial assessment and they could be the only contact a person who has experienced or is experiencing trauma sees. This is particularly the case when women suffer domestic violence and when children are exposed to violence. This is very important as early intervention can be paramount to prevent further trauma and access supports needed to reduce or prevent further trauma/exposure. In regards to psychiatry trainees, it is important that trainees develop a much better understanding about trauma and how it translates into our population. We need to be better equipped with the knowledge, experience and supervision in order to identify trauma and make early intervention. This would be possible with more psychotherapy training and supervision. "

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?

"We already have acute and subacute inpatient services, as well as outpatient services which provide follow up and management of patients with mental illness. However, none of these services are targeting the population that has suffered trauma. The consequence of this, is a high rate of admissions which are short in duration and only for acute containment purposes which does not address the issue of trauma, self harm and suicide in the longer term. Acute units are not therapeutic environments and are set up for acute management rather than to help build up skills that would help to manage negative thoughts or emotions. In many units there is no psychology or occupational therapy input when both these allied health areas can provide ample resources for the patients during their admissions to help them gain those needed skills. If early intervention is placed in the community as well as in inpatient settings that specifically target the effects of trauma in people, the subsequent development of depression, self harming behaviour and suicide as part

of a response to trauma will be reduced. "

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

"We already have a mental health triage number that is available 24 hours a day, 7 days a week. However, most people do not know how to contact their mental health services. Also, in some services, there is only one clinician rostered to cover the phone and this person, although trained in mental health, is not trained in how to manage trauma, and might approach a person's call as coming from a person with a personality disorder rather than a person with the effects of a traumatic life event/circumstances. So, clinicians need more education to learn ways they can obtain more information about these patients and how they can best support them."

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 first difficulty people have is that they do not know what number to call. If the person or carer has not had contact with mental health services in the past, they will not know what area they belong to, or even if the mental health services are divided in areas or if there is a public mental health service. Even doctors, except for GP, are sometimes not aware of the mental health services available in their areas. So, a centralised number/website that can either provide the correct information or guidance for the patient/carer/service provider would be helpful. In regards to violence towards women specifically, there is clear evidence that psychotherapy is the main treatment and this needs to be initially intense. This would mean more than only 10 sessions of psychotherapy in a year. The fact that patients can only access psychology input for a maximum 10 times a year, only shows the limited understanding that in general we have about our population suffering trauma. If we support women who have experienced trauma to get proper treatment, we are not only helping them get back into the community as an active member, we are also helping them provide a safe and nurturing environment for their children. There is a cascade effect in a positive way, instead of the current cascade effect which leads to children also having their own mental illness as a consequence. Another area that needs to be closely linked to mental health services is CPS. They are involved in family courts and also in cases of violence towards women. The lack of education and understanding of trauma and its effects, can lead to make women and children relive traumatic events, children being separated from caring mothers and placed in the care of violent men. There needs to be a clear line of education and guidance provided to staff as they can make a difference in the way trauma victims are supported. "

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

"Violence towards women is a highly prevalent issue. It is very well known that violence towards women has an effect not only on these women, but almost always on their children, and on the system itself as it causes more illness, disability and death than any other risk factor for women aged 25 - 44. Trauma is caused by physical, emotional, sexual, financial abuse and coercive control. All these are a risk factor for the children exposed to them, or who are victims of any of them, increasing the risk for developmental trauma, mental illness, behavioural and learning difficulties and placement of children in out of home care and homelessness. It also causes intergenerational trauma and perpetuates the cycle of predominantly male perpetrators of violence. "

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

More information needs to be made available for family members. Not just in regards to diagnosis but support groups and other services available for their family and themselves.

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

"Working in mental health can be emotionally taxing, so staff need to be well supported with regular debriefings, educational sessions and most importantly a reasonable work load. This is applicable for all medical and allied health clinicians. Education in particular is very important as it would provide the tools to the clinicians to work with their clients in a therapeutic level. It would be ideal to have a specific team that works with victims of trauma, staff specially trained to work with them. Doctors, including junior doctors, need to be taught from early on the importance of their own mental health. Having doctors who are well supported will lead to them being able to manage complex patient in the most effective way. This includes, but is not limited to, starting psychotherapy work with victims of violence."

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?

"There needs to be a way of linking the different services that many patients need to access. Having an interagency case manager would be ideal to support patients access all these agencies. Many patients who have a case manager, rely on this person to guide them to fill in Centrelink forms or contacting their GP to try to organise a mental health care plan. In regards to violence towards women. Women who have experienced violence, specially those who have experienced it by a current or former partner are usually excluded. They have their children removed as they are seen as the responsible person for not protecting their children by people who have limited knowledge about how domestic violence works. They cannot access support from Centrelink as they are seen as fit to work, although they have complex PTSD and do struggle to work. They do not qualify for private rental as they are alone and with no job and lack the funds, many times, due to the financial abuse they were subjects of. When women decide to leave the domestic violence situation, they are most of the times alone and not supported by any agency. This needs to be addressed. Violence towards women and the repercussion it has on women's mental health, their ability to work, maintain a stable accommodation and continue to care for their children, needs to be taken as the important issue it is in our current society. Specially since addressing it, we would also be supporting and protecting the victims of developmental and intergenerational trauma which are the children of these women. "

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Violence towards women needs to be prioritised, in particular the way victims of trauma are managed and treated. - Further education in the matter for health practitioners as well as for staff from other agencies that are involved, this includes police department, CPS, family court. - Psychotherapy and trauma appropriate multimodal care that is accessible for these patients - not limited to only 10 sessions through health care plan. - Psychotherapy education for psychiatry trainees and possibly clinicians in community mental health services so this treatment can be

offered to all those who need it. - A clear pathway for accessing mental health services "

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

"The most important factor that will make changes last, will be educating all those providing the services and those involved in a direct or indirect way with these population of victims of trauma. Only then, we will all be able to provide the best care for this group of people and will undoubtedly have a positive effect on society and our economy as well as at a personal level for these patients.
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Is there anything else you would like to share with the Royal Commission?

N/A