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

Submission. 0002.0027.0139

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

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?
N/A

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.
"Many mental health services are silo-focussed which can make it difficult to liaise and integrate with other disciplines and partnering services. Disciplines at the same workplace can often operate within their own group and approach which severs the communication that is needed in order to have the best outcomes for the consumers and patients. Most of the time, there is not much openness from discipline to discipline to learn about other approaches that could be taken to work with consumers. When I first came into my workplace as the only social worker, I did not feel welcome or recognised by the other disciplines and had to earn their respect before I got more acknowledgements for my practice. I had my own reservations about the medical approach to practice because of this experience; however, I have learnt that asking more questions about approaches I am unfamiliar with has given me greater understanding and appreciation for them. It is important for different disciplines and services to ask each other questions about their practice so they can be better integrated and more collaborative to help consumers achieve better outcomes."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"The main driver behind communities experiencing poorer mental health outcomes is structural and systemic flaws which are on a macro-level. There are many consumers falling through the gaps of the mental health system, specifically to do with not meeting risk criteria and symptom criteria. This includes consumers who have dual diagnosis and dual disability who experience services, including the mental health service, bouncing the consumer from one service to the other because no service is willing to take accountability to respond to their needs.   Furthermore, there have been instances in practice where consumers' needs have not been met due to clinicians' lack of ability and knowledge to respond to them appropriately. Additionally, tensions between in-service departments and unwillingness from both departments to emphasise with the other have

costed the consumer from obtaining their needs. Emphasis on communication and collaboration with others needs to be embedded into the practice culture in mental health services on a macro-level across the whole board."

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

"Drawing from my experience working alongside families and carers, there have been some common themes and issues emerging from my practice. One of the main themes is families and carers often need a space to vent about their stresses as they often feel unheard by professionals working with their loved ones. Families and carers need validation, support and empathy from professionals in the mental health sector. More education and training to mental health clinicians should be considered around the role of the family and carer and their experiences of caring for someone with mental illness. "

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

"I am a graduate social worker working as the only social worker in my workplace which is a part of sub-acute community mental health. The role is a graduate program without a senior social worker on site. This role is my first job after finishing university. I came into the role having expectations that I would have other social workers to learn from and have ongoing supervision. When I started the role, I realised that the workplace is silo-based which meant everyone is segregated by their own disciplines. The social work discipline is one that is not recognised or appreciated enough in mental health. Social work as a discipline examines the structural and macro issues that are impacting on the individual. It uses different theories and approaches from psychology, sociology, politics and many more to explain the causes and effects of people's lives. Thus, social work is a holistic discipline that looks at every aspect of a person's life. More importantly, social work uses strengths-based theory and approach in working with clients which means social workers examine people's strengths, abilities and capabilities as well as holding hope for that client. We value self-care, supervision and critical reflection to aid our professional development and wellbeing which helps prevent burnout and compassion fatigue. Social workers may not be doctors, but our approaches to practice are important and should be more valued in the mental health setting. There needs to be more education and information about the social work services that could benefit consumers and patients to other disciplines in mental health.   I receive one hour of supervision off-site every week. For a graduate who is fresh out of university in their first job, it is not enough to support someone in that position. In supervision, social workers receive the opportunity to reflect with their supervisor, learn new skills and theories, debrief about traumatic practice experiences and be more integrated into the mental health sector. Social workers need to engage in critical reflection in order to be aware of their own prejudices and assumptions about consumers or patients and critically think about things they will do differently to respond in future practice. Critical reflection is essential for social workers and any clinician to grow and learn professionally. By limiting the access to support and supervision a worker can receive, it takes away opportunities to reflect and limits the quality of practice being given to consumers and patients. In my experience, there have been instances where I would need to wait one week until I could debrief and reflect with my supervisor, who is off-site, about things that have happened in practice. This inaccessibility has delayed my learning as a graduate. Thus, more funding provided to sub-acute services would benefit mental health clinicians like me or others similar in my position which would better the outcomes for consumers and patients. At my

workplace, we have a senior nurse clinician, a senior occupational therapist, a grade 2 occupational therapist, a graduate occupational therapist, over ten nursing staff and only one peer support worker and one graduate social worker. There have been times where I have tried to approach the senior clinicians at my workplace and they have not had the capacity with their workload to give me adequate support. With more funding, my workplace could employ a grade 2 social worker to work alone or with a graduate social worker. Every social worker who has previously sat in the role I am currently in has tried to advocate for more funding to provide another social worker on site. There have been many times and still are times where I have felt lost in my role because I am isolated and unheard at my workplace and these social workers in the past have felt the same way. In order for clinicians to support consumers and patients in their recovery, the clinicians must feel comfortable in their position to do so."

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?
"These are the following reforms that should be made in order to have an ideal mental health system: - Increase in funding and resources towards Sub-acute services - A change in the work culture of the mental health system from a silo-based and segregated culture to a more collaborative and integrated culture amongst all services - More recognition, acknowledgement and integration of Social Work as a discipline in mental health services - More onus should be placed on managers, senior staff, shift leaders and supervisors to ensureworkplace bullying is not part of the work culture - Mental Health Clinicians to take an empathetic, client-centred approach in practice with consumers which means putting the consumers at the centre of their practice and letting them direct their own recovery - Every Clinician including people in managerial roles to engage in regular supervision"

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

Is there anything else you would like to share with the Royal Commission?
"There was an incident at my workplace where I had a telephone conversation with a parent of a consumer. The parent requested a family meeting with the consumer and their treating team to gain more education around their diagnosis and treatment. They also told me they were advised to have an interpreter as English is their second language and medical jargon would be used in the meeting. I handed this over to the consumer's case manager straight after. On the day of the family meeting, I asked the case manager in front of other team members if there would be an interpreter for the meeting. One of the Senior Clinicians said to me that there was no need to an interpreter which the case manager agreed with and said that the parent had good enough English to understand everything in the meeting. I relayed the telephone conversation once again to them to advocate for the parent and the consumer. This was not taken into consideration and the meeting went ahead without an interpreter. This is a true example of culturally insensitive

practice and disregard of the family's and client's needs. "