

TO: The Royal Commission into Victoria's Mental Health System
FROM: Philip Gluyas, Constituent of Buninyong, Resident of Ballarat, Victoria

I make this submission to the Royal Commission incorporating its Commissioners Penny Armitage (chair), Allan Fels AO, Alex Cockram and Bernadette McSherry, as a concerned Victorian seeking certain justices in certain areas of mental health and seeking to assist this Royal Commission to achieve its aims for the benefit of all Victorians.

I make this submission based on the original Terms of Reference rather than the eleven questions listed in the formal online submission.

My name is Philip Gluyas. I was born in Melbourne in 1965 and have lived in Ballarat since 2008. In 1997 I was diagnosed with Asperger Syndrome, a diagnosis that was upgraded to Autism Spectrum Disorder in 2013 consistent with the changes to the Diagnostic Services Manual (5th Edition). As such I have been subject to a number of mental health issues and attacks/acts of neglect both prior to and consequent to the 1997 diagnosis. My self awareness as such I believe has given me considerable insight into the wider issue of mental health in the community, and the ability to look at it from a neutral point of view albeit with some emotional attachment to matters that I hold dear, ranging from the Autistic community through to wanting to protect the next generation from any form of harm. As I do not have children of my own I do not hold the extreme level of emotions usually experienced by parents and carers, but I believe that to be a benefit rather than a hindrance.

I have already participated in the Community Consultation in Ballarat and was immediately given some insight into the experiences of others – in particular involving paranoid schizophrenia, bipolar disorder, anorexia nervosa, and youth suicide. All had similar views to my own with regard to ideas of across the board change. I have plenty to say to the Terms of Reference, and I will try to not go off on tangents in this submission.

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.

Prevention and support that is effective has to have one factor first and foremost – understanding. And I am talking about full understanding, not just understanding simple things like the definition of a mental health issue and its visible signs. Even then in the case of the latter, the visible signs can be unclear and misleading to a person who lacks the full knowledge.

The biggest threat to understanding is fear – mental health is seen by many in the community as a taboo subject. This is the core of a stigma that not only affects the subject of mental health as a whole, but also has an effect on the particular issue at hand. This is not limited to the stigma that society attaches to mental health conditions as I mentioned in my introduction, which goes wider than just the conditions I named. It also goes to human difference – as simple as gender, but also location, race, religion, gender preference and so on. Autism is also in this category.

It may be a line from a fictional character in a movie, but Yoda in Star Wars got it right when he said "fear leads to hate, hate leads to suffering". It's true and this fear needs to be tempered without delay so that it never becomes hate. Once it does, people suffer. And it's the suffering that directly leads to mental health issues. In the case of some recognised conditions, even getting to the point of fear could be enough.

So how do we stop this? How do we nip it in the bud before it starts?

I believe the key is the next generation first off. Let's make a change where it can be done a little more easily – at school. Primary and secondary. It's all an education process designed to understand mental health and recognise and accept human difference and the most under rated difference of all – neurodiversity. It's a wide

range. Already we have a wide range of children from different backgrounds mingling on our school grounds and in classrooms. But we can't relax and let things carry on no matter what. It all has to be handled with care.

I focus on the next generation, but we can do something about the current generation. I suspect a majority (not by much – say about 55 percent and I admit to guessing) are reliant on income from Centrelink, as indeed I am. Centrelink can also be a conduit for change – I would suggest that many in this position may be resentful of those from different backgrounds getting preferential treatment; or rather thinking that they do when in fact there is no truth to it. Such a lack of understanding can affect their own health and if they choose to take matters into their own hands those on the other side can be victims of actions that would leave them mentally vulnerable as well.

If we cover both of these we can do a great deal. It won't be everything and everyone, but it's a start.

There will of course be resistance, especially from parents of that next generation who may think they are having their own position in education compromised. This is where it will get a bit rough – but I don't believe there is any other way. To be a part of the community at large, there are things that one just should not do. Taking action that derives from a lack of understanding and acceptance is bound to injury, mentally. This is especially the case for the children. Negativity based in a stigma does harm, and that harm can not continue. It has to be positive. It has to be about doing the right thing, and that can only have a chance of happening with genuine understanding.

With those already in that dark place of mental health issues and coming out the other side, positivity is also important. But it can't go too far and there needs to be room to vent frustration. There is a mentality in the community that contributes to this issue and it's covered in three words – "Get over it". The minute someone says that, it's the clearest sign that someone is not a part of the solution. They are part of the problem. Speaking personally I have no time for those three words. I see that phrase as a cop out – running away from a problem that should be confronted. Now I know that not everyone has the capacity to do that, but many who do still bail to that phrase. Ideally, I would like to see the term banned from social media. But I know that won't be happening.

Prevention is always better than cure. Support is essential, from the system – both government and other services – and from family.

2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages.

Put simply, we need at least one access point per council area of the state. I don't know how close we are to that at present, but I would hazard a guess and say nowhere near it. So this would be a good aim, and the support of said councils is essential.

2.1. Best practice treatment and care models that are safe and person-centred.

I am in no doubt that the system needs to be keyed to the individual and not the symptoms of the mental health issue. With this in mind best practice can only be achieved and can be safe if it is not rushed. The current health system has a bad tendency to rush through treatment. Mental health can not be rushed. One has to take the time that is needed and there is no time limit to this. Anyone who tries to set a time limit is part of the problem and not part of the solution.

2.2. Strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers.

A common problem not just in mental health but in health in general is under staffing and poorly trained staff. This is a life threatening situation, and at this point in time it's not something that can be fixed with a snap of the fingers, as much as we would all want it to be. Attracting the right people to this job is hard, especially with

the stigmas involved as mentioned earlier. It frightens people away, even those who do understand because they fear physical reprisals to unintended errors. Such errors are unavoidable and that creates a nasty two edged sword with regard to recruitment. Off the top of my head I can't see an easy solution to that one, and perhaps in one sense that's a good thing. It's going to be hard.

Training and development all entails tolerance and understanding, and the correct environment as well. This varies from issue to issue. Reviews of knowledge needs to be frequent, especially early on in training, as things change. There needs to be plenty of guidance, and importantly this guidance must be provided with no aggression as sometimes happens. The reviews will hopefully identify the bad eggs in the system who shouldn't be there, and I think the giveaway would usually be the tolerance levels. If they are not there, that person is not an appropriate person to be employed in the mental health sector.

2.3. Strengthened pathways and interfaces between Victoria's mental health system and other services.

Another issue that tends to repeat itself in health in general let alone mental health is the failure to communicate appropriately or in some cases at all. This is a bad failing of a system that needs to work across a wide area – both in terms of practical distance (that is, easy to communicate if needed between Mildura and Bairnsdale, or between Wodonga and Portland) and in terms of the wide range of mental health issues. Nothing should be hidden in this communication line, except of course those matters naturally hidden by normal privacy requirements. But such lines can be opened by the client themselves and this should be encouraged in order to maximise the chance of good results.

2.4. Better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements.

This part of the terms of reference brings up a particularly annoying aspect of the general health system that affects mental health – and in fact in my view goes to the very core of why the system is so badly broken right now. And that is the tendency to make certain parts of the system subject to "business plans" expecting budgeting to take precedence over everything else. I'm going to be blunt – business plans have to be banned in mental health. The budgetary bucket simply has to be bottomless, otherwise we are metaphorically bailing out a sinking boat with a sieve. There can be no limits. Infrastructure has to be maximised no matter what the cost. Anyone who says no for monetary reasons is again part of the problem and not part of the solution. Governance has to be about the people, not balance sheets – and doing that will cause immediate accountability by default. Information sharing goes to what I said in 2.3.

2.5. Improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

Data collection needs to be transparent for privacy reasons. That way people know what is being done with said data, and are more willing to co-operate. A refusal to co-operate will compromise data collection accuracy and we can't have that. We would as a result not know what works and what doesn't, and a system that works would never allow that to happen. As far as research goes, all I'll say there is avoid anything that involves the use of prescription drugs. The best solution for a mental health issue is without pills. They should only be used when needed for associated issues (for example the treatment of high blood pressure and cholesterol brought on by mental health distress) and under severe scrutiny.

3. How to best support the needs of family members and carers of people living with mental illness.

As I have insinuated already, families and carers need to be part of the process. With that in mind, the services they require are pretty much the same. They are involved whether they like it or not. Family is important to one's mental health as are carers who do a very important job in it's own right. There are of course matters than need to be considered that are exclusive to this group. One is respite. Dealing with a family member in a mental health crisis can be very taxing and having a break to recharge the batteries so to speak is essential.

The back up that would be needed for that should be put in place from the beginning in order to minimise any possible adverse reaction. The support must be ongoing and the more family members willing to help the better, especially if there is resistance in the family to any form of treatment.

4. How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health.

There can be no doubt that improved outcomes are achieved by the elimination of the situation that caused the issue in the first place. This can come from so many different places, and not all of them can be controlled necessarily from the source. That all boils down to what I have already said about stigmas. Then there are other pressures in society, and this is where the vulnerable are particularly so.

4.1. From Aboriginal and Torres Strait Islander backgrounds.

I have been saying for many years now that we are still a long way from having indigenous Australians as a true part of the community as a whole. For 179 years (from 1788 to 1967) the first Australians were subject to persistent and legal discrimination – legal in the sense of the original form of the Constitution which was changed in 1967. They were powerless and that has become endemic due to the long period of time it took place – seven to eight generations. And even after that change the issues didn't stop. Even after the Racial Discrimination Act became law, things remain bad. Getting good outcomes here can only be achieved with practical solutions – and that means stronger punishments for racism and associated discrimination. All the hard work in the world to bring mental health issues under control will be undone the minute the first Australians are subjected to this disgraceful behaviour. Equally though, the first Australians need to understand that bad habits learned by their ancestors from the settlers of the late 18th century were wrong and need to be unlearned. It's a tough one to resolve but we need to be proactive.

4.2. Living with a mental illness and other co-occurring illnesses, disabilities, multiple diagnoses or dual disabilities.

In commenting on this, I prefer to use the term mental health instead of mental illness – purely from my own point of view as having what is recognised as a disability – Autism. But what I wish to say goes way wider across other disabilities as well. For all of us who should be (and aren't always) protected by the Disability Discrimination Act, we are being subjected to hate as much as the first Australians are. This again goes back to the stigma issue, and in the case of disabilities that are not physical the hate includes falsehoods of causation. Hate for this group, unlike the first Australians, does not have a legal recourse (we don't have access to our own version of section 18C of the Racial Discrimination Act). This needs to change in order to again punish those who do the wrong thing. For myself – it angers me when I am accused of being brain damaged. That should be hate speech. At present – legally – it's not. I am certain I am not the only one that this false accusation hurts.

4.3. From rural and regional communities.

I already mentioned earlier about the idea of having at least one access point in every council in the state. Whilst this helps at the time of the issue, the outcomes require something more. Many in the more remote areas of the state would usually – in the immediate aftermath of a mental health issue – have issues with travel. Public transport in the outer regional areas has always been a problem as this area is keyed to one having their own transport. Safety concerns would press for the car to be left alone a little longer, but this could conversely cause another mental health issue. However the lack of general demand means that regular services would be impractical. Therefore an on call service (this would be totally separate from a taxi which in a regional area would be a lot more expensive) on the basis of health would be a good way to go. It could be a version of transport to a hospital which I believe is available in some parts of South Australia. The ability to move freely around the state is a right under Victoria's Human Rights Charter and this would go to that.

4.4. In contact, or at greater risk of contact, with the forensic mental health system and the justice system.

It is unfortunately the case that more than a few people suffering from mental health issues end up doing something stupid and end up subject to the Department of Correctional Services. Outcomes in this area rely heavily on the rehabilitation facilities in our justice system, and that in upon itself is an issue. I believe that those with proven mental health issues should be kept away from the general prison population in order to get the maximum chance of recovery while paying their dues for the crime they committed. The stigma of criminality also applies here on top of the stigmas applicable in mental health. The justice system tends to be one size fits all when it comes to incarceration, and that needs to change. More variety in correctional facilities needs to be introduced.

5. How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.

Yet again, I have to refer back to stigmas. On this occasion it's the idea that alcohol and drugs will solve the problem when it won't – and it becomes an addiction. That's tough to break but it can be done, and on the addiction alone this is where general health practitioners can assist. The idea beyond that is to reduce the desire for the drugs, and reduce the desire for alcohol in practice. I would also include cigarettes in this. One of the common excuses smokers use to keep smoking is that it relieves stress. Alcohol carries the same excuse. In the case of both it's not true. It's a placebo – especially in the case of cigarettes. And like all other drugs (I consider cigarettes to be a drug but that's my opinion) the cons outweigh the pros and by a long way.

Now this means that stress relief, which is otherwise an essential aspect to one's mental health, has to be easily accessible in other ways. Now this is something that has endless amounts of options depending on the individual. I have my own, but they are just that – my own. It would be nice to have them all covered for but that would be asking too much. And this is not about me. This is about all Victorians.

6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1-5.

There are some practical needs that I have missed.

Firstly, the number of acute mental health beds in Victoria is too low. I know for a fact that some have been closed in and around Ballarat and this decision needs to be reversed. This may well be the case in other parts of the state as well. These beds are needed and should be considered as emergency situations. This is something that the general health system is not doing at present – it is being pushed further back in the queue than it should be.

Secondly, the cost of mental health assistance is not being covered by Medicare. I could blame that in part on the Medicare Freeze, but this has been going on longer than that. I know that only precious few psychologists bulk bill. Not many more psychiatrists bulk bill either. That has to change. The ability to bulk bill must be expanded to allow for easier access at an earlier stage. This would be a very good preventative measure. Of course, it does rely somewhat on a decision in Canberra.

To summarise;

The mental health system in Victoria is broken. Too many people are falling through the cracks for various reasons and this can't continue. Society has lost the ability to care – the level of hate and fear is increasing and consequently so are the stress levels. We are not coping and many are too proud to admit it. This Roycal Commission has the chance to bring everything out into the open and more importantly provide hope. We can fix this. We can all do our bit. It starts by telling one's story and by providing thought bubbles and ideas to try and help resolve matters. I have done the latter here. With the former, I intend to put in a second submission – not as an individual but as part of a group which will focus on the aspects that affect not only me but others in my position.

I want to be a part of this entire process. I want to see the system fixed. Making this submission and having it accepted and considered is all I can ask. It would be a bonus to be called to give evidence at the hearings but as it stands if I have proof that I have been heard by being quoted in the final report, or at least the interim report I will be happy – along with seeing things improve to the extent where I get access to the system where at the moment I do not.

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