

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?

"Improved resourcing and training within community mental health care is of immediate concern. When caring for a profoundly unwell family member experiencing an acute psychotic episode the response by community support teams is disconnected and slow at best. My own family member going through such an episode posed a threat at the time to those within the household. The CAT team was contacted by phone and they responded by asking us to notify the police immediately. The police were contacted and their verbal response was that they were not authorised to assist unless notified by the CAT team and asked us as a family to notify the CAT team a second time. As concerned family members we left the household immediately as our son's behaviour was escalating out of control, he was confused and anxious. His community case manager could not be contacted. I repeatedly contacted the police and the CAT team responsible. The CAT team and police eventually arrived 8 hours after the original call. My son spent 3 weeks in psychiatric intensive care and is now a permanent inpatient in a poorly resourced SECU unit in regional Victoria. We continue to support him and have him home 2-3 days per week when well enough. Our experience of community mental health has not been a positive one."

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?

My personal view is that there is not any aspect of mental health care that is working well based on our lived experience as a family. We endeavoured to care for our son at home for almost 7 years with near disastrous results. He is now profoundly unwell and with the benefit of hindsight I feel that if the community clinician response had been prompt and more frequent when we as a family were experiencing difficulty our son's condition may not have deteriorated so quickly. Referral services have their place but they need to be able to refer families to a service that is current and actually provides support and real solutions for families trying to provide optimal care to their loved ones in difficult circumstances.

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

Based on current statistics the current supports in place to assist in suicide prevention are not effective. Increased funded access to psychology services within the public health system is required immediately. The additional funding current referral services are attracting from government would be better spent in actual professional delivery of essential psychological counselling and support.

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.

"We all live in a highly paced society where achievement is lauded, professional status is

considered important and professional training and educational achievements are highly valued and considered to be valuable for society in general. This is all on a back drop of reduced funding for government education and infrastructure within the school environment. In Victoria today if parents want a solid education for their children they have to consider private education if affordable. Lack of educational opportunity and subsequent job satisfaction and stimulus are key drivers in failing mental health. Family breakdown is key, when children have a lack of family supports, a lack of significant interest in their progress and no structure to their lives (children in the care of DHS) early mental health issues appear. In our own case our darling son was sexually abused within the school system never to recover. Abuse of all kinds within the family, the school environment or significant others is an escalating issue within society ."

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

The drivers in regional communities are three fold. 1. Lack of educational opportunities and access to services both educational and health related are directly related to poorer health outcomes. 2. In addition to this is lack of employment and government funded housing directly related to increased stress within a family. 3. Family breakdown due to aforementioned points resulting in more children exhibiting difficult behaviours and moving into state care resulting in disastrous outcomes for society in general.

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

Family members need ready access to grass roots supports when they are experiencing difficulty with a family member with deteriorating mental health. Currently there is a distinct lack of readily available supports for families going through immediate difficulties. Families need a hot line or an emergency mental health line (similar to 000 but specific to mental health) they can readily access and be reassured they will receive ready and immediate access to assistance and supports from professionally trained staff that are required at that time. As mentioned previously referral services are not of immediate benefit to a family who have not experienced mental health issues in the past and find themselves dealing with an immediate domestic crisis due to the family members escalating ill health. Councilling and supports for family and carers is of immediate concern as this a lived experience by all family members unlucky enough to have a close family member with severe and recurring mental illness.

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

"Increased funded educational opportunities and professional remuneration directly related to increased post graduate study would be an incentive to attract well trained professionals into this specialised field. Increased funding to mental health infrastructure that is now sub standard. In any major public health facility mental health infrastructure is very rarely addressed. The secure unit my own son is currently residing in has not had any infrastructure redevelopment since it was commissioned and opened by the then Kennett government in the 1990's. In fact the unit area has been reduced, the staff have no specific area, there is no access to natural light and no garden area for the residents all of which are aspects of daily life that contribute to stable mental health and a sense of well being. This residential unit is not an attractive work place or residence for staff and residents alike. I suspect this facility was redundant when opened in the 1990's."

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?

"Due to a lack of infrastructure redevelopment, funding and community supports for those able to live in the community with mental illness coupled with a severe lack of emergency mental health facilities I don't see any opportunities for social and economic participation for those with mental health issues in the community at large in the current financial climate. This is an area of health that requires immediate review. With escalating recreational drug use and substance abuse in general due in part to a range of pre existing social issues the communities need for these services is becoming more urgent. For those of us in Victoria alone we have witnessed the escalation in youth homelessness and homelessness in general within our state it is obvious for all to see strolling through the CBD. This increased rate of homeless people has to be directly related to the complete dismantling of mental health services within this state by the then Kennett government in the 1990's and not replaced by a well funded government funded community health system. To redirect essential health, education and other ancillary essential services to the private sector has been a fundamental mistake by government and we are now experiencing the social and economic consequences of such a move."

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?

"1. Immediate increase in funding for mental health infrastructure and training and recruiting of professional staff. 2. Increased participation of key stake holders ie. families, carers, clients and health professionals within the mental health system itself to advise on policy formation and development for optimal client focused mental health care in the future so the fundamental mistakes of the 1990's are never made again. 3. Annual accreditation and spot checks of all residential mental health facilities without prior notice to ensure adequate standards are in place to provide client focused care at all times. These include adequate staffing levels, infrastructure improvement and if not why not, adequate levels of hygiene and lifestyle facilities within the unit in general. 4. Making management and the CEO of all health care facilities immediately accountable for poor outcomes within the mental health unit. 5. Community outreach programs readily available for those with chronic mental illness living within the community to access at will. 6. All residential psychiatric units require the support of allied health staff for client care. A social worker should be permanently assigned to these units as there a range of social supports required by those experiencing recurring bouts of mental illness. This is currently not the case. 7. The immediate introduction of mental health emergency units whereby clients needs are addressed by professional staff adequately trained in mental health emergency care. This area should be adjacent to but not part of the pre existing emergency units to allow all stake holders within the emergency setting to work and cooperate together to provide optimal care for all. Currently mental health issues within the general hospital emergency setting demand a great deal of staff and security input, this results in distress for all those involved and other families and carers waiting in the main stream emergency setting."

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

"To achieve the vast range of infrastructure and systemic improvement required in the mental health system state governments should be looking seriously at a health tax for all within the community to ensure the social benefit increased health funding would achieve. In preference to

offering tax payers a poultry saving of \$5:00 a week (as an example) most informed and educated tax payers would prefer the social benefit of a state health tax whereby mental health gets its fare share of the funding pie. The Andrews government were in receipt of a huge mandate from Victorians to continue with progressive policy formation and this must be continued. The state government and other stake holders need to be lobbying the Federal government to be looking at a social benefit for all tax payers rather than reducing taxes per say. This will require strategic thinking to sell this to the tax payer but it is something the Royal Commission should be recommending to government as an immediate priority. There is not an Australian alive who doesn't think a well resourced public health system is not a good idea, the social benefit it provides for all tax payers is obvious to all. The benefit of such a policy is ongoing and all tax payers pay the required Medicare levy without complaint in fact most tax payers see this as a sign of a civilised society."

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

"As is obvious by my submission I have a very personal interest in improving mental health care for all who need it within the state of Victoria. Unfortunately it is too late for my own son, the dye has been cast but I like to think if services and access to immediate mental health care had been available when required my son would not be chronically ill with unrelenting mental illness as he is to this day. He also has a dual diagnosis of multiple sclerosis that is progressing at a rapid rate. To try and access neurology, Physio therapy and other allied health care for him has been very difficult even though he is a long term public hospital in patient. None of these basic services are allocated to mental health. My son's diagnosis of MS was made over six years ago and he has been reviewed by neurology on 2 previous occasions only with little or no result. We support our son and try and have him home 2-3 times a week but we are now precluded from this due his disabling MS complicating and reducing the efficacy of his current anti psychotic medication. This has also resulted in increased behavioural difficulties for both staff caring for him and other clients within the SECU (secure extended care unit) itself. Our journey as a caring family has been an extremely difficult one, it is as I have mentioned previously too late for our son but I do hope with significant and socially progressive change in mental health as we know it another family will not have to travel our journey and not experience the heartbreak for all involved in particular our much loved son"