

Are Mental Health Services Really That Bad?

A Service User's Perspective

By [REDACTED]

Traditionally, and particularly within the 'consumer' mental health sector in Victoria and elsewhere in Australia, the state and quality of treatment of people with mental illnesses has generally been regarded as rather sub-standard. These are some common complaints which I hear from people -

- Treatment is often forced (i.e. involuntary)
- People are given medications which both help and harm them, but sometimes against their will
- Psychiatric wards are dangerous places to be
- People often don't really get 'better' in psych wards, but at best they are places to stabilise a person's mental health state before re-admission to the community
- Seclusion is still used
- Physical and mechanical restraint are sometimes used
- Electro-Convulsive therapy (ECT) is still used
- Treatment by the police is often seen as rough and unsatisfactory by many mental health consumers
- Nobody likes being handcuffed and being bundled into the back of a paddy-wagon
- Conditions in the High Dependency Units are dangerous and often scary
- The behaviour of other patients in most public psychiatric hospitals is often a reason why you're better off not being there

Now all of this is very unsettling. I, too, have suffered many of the points which I have just recounted here. I have not enjoyed them, at the time or afterwards. I fully acknowledge that many of these conditions truly unsettle people for years to come. But it does not always have to be that way. We can get better, and move on with our lives.

One of the things that concerns me about the current debate in 'consumer' mental health is that I believe that many people's recollections of psychiatric hospitals are out of step, chronologically, with the average current conditions in many of our major public hospitals. Through my work, I have heard much about what conditions used to be like in some of the major institutions in Victoria, such as [REDACTED] [REDACTED] and Royal Park. Some people had good recollections (especially about the healing properties of the large and well cared-for grounds), and many had bad recollections about the treatment of patients there. Others had mixed recollections about all sorts of things. Still others merely accepted the treatment which they received and continued with the bumble of life, neither praising nor blaming.

However I am concerned that some still working in consumer mental health (and I emphasise some, but not all) are using their recollections to inform current debate in a way which someone, who has experienced public mental health services from the mid 1990s and beyond, just did not see. It was not that bad.

As I have said earlier, there are many things about public mental health services which are not perfect, and it would be great if they could be. Unfortunately, due to the nature of extreme mental illness and human behaviour in its midst, that is not always possible, from both staff and patients. I think the best response to that is to understand it, but not to criticise something, which by its very nature, is very difficult to operate well.

There are other things which I remember about my experiences of public mental health services which were good. I had hospitalisation when I needed it. I was given a free public psychiatrist, for which the ongoing treatment continued for seven years. I was given a Case Manager, someone to talk to, confide in, and make progress on my issues. When I was discharged from the service, I was referred to further counselling options, at no cost, and gained a private psychiatrist, at no cost, whom I see to the present day. When the Medicare rebated psychology reforms came through, I was able to access a skilled psychologist for a fairly reasonable rate.

What have I got to complain about? When I was unwell, I was cared for. When I couldn't afford it, I was catered for. My friends, family and relations nurtured me back to recovery. I also put in a substantial amount of work into my recovery myself, which continues.

Hospital wasn't all bad, either. Meals were provided for free. They were okay, and there was choice. We could play games, do educational activities, I loved practising art, I played table tennis and basketball. We did psychological group therapy. We went on walks. We had leave. We could be visited by our family and friends, which was great solace at an extremely low, and often suicidal time of life. My church minister visited me - in fact, I am told my whole church youth group all came in, about 10 people, and visited me when I was drugged up, in High Dependency, drooling and in another world. I met new friends in hospital, some of whom became close, and who were able to provide crucial peer support both during and after my hospital stays. We looked after one another, like nobody else could know how.

We need support like this, at times like this. I acknowledge that there is much that is imperfect about public mental health services, some of which can be improved, and some of which should be.

But I disagree that it was all bad, or (importantly) that it is helpful to hold on to the belief that it was all bad, forever, and to increase and amplify this feeling. For me, it was not, there is a lot to be thankful for, and for anyone who helped me then or continues to help me now, all I can offer is my most profound gratitude.

The opinions expressed in this article are those of the author.

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?

I think that people experiencing mental illness and possibly working in the mental health sector have an important role to play in reducing stigma and discrimination. For example, lived experience talks and presentations can be given (it would be great if there could be payment to the presenter for some of these). Working in a lived experience role (for example in hospital based and community services) can be living proof, and possibly an inspiration to consumers, carers, staff and management that people living with mental ill-health can live, work, operate and thrive in the community, in a job that they can sustain.

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?

I think that Victoria's mental health system already works fairly well and doesn't deserve, and would not benefit from further criticism. As one of my friend's coffee cups says... "If you want me to be great at my job, just tell me that I already am!" Hard working people, under very challenging and difficult circumstances do not deserve further criticism, which this Royal Commission may be presumed perhaps to have as an outcome of it. Give them a pat on the back, instead! Working in mental health is one of the most challenging of all industries/sectors. Its workers deserve higher pay, especially those paid the least at the moment. They also deserve recognition of their work and input, their efforts, their dedication, their labour, their loyalty, and they also deserve freedom and control (autonomy) over more of their work.

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

When I was suicidal, I thought about it every day, and it was all I wanted to do. Then life got better of its own accord, a few good things happened, I got my degree, my sister received two higher degrees at uni, all of which spurred me on to hang around to see those things happen. Then I got a part time job in mental health (14 years ago), I got more work in mental health that year (3 days/week), and then I got my first proper girlfriend, which lifted my spirits no end. I no longer felt suicidal. I have since had another girlfriend/partner for 8 years, and we bought a home (unit) together 6 years ago. I still work in a consumer workforce role in mental health. I am happy to be alive, despite difficulties. Things got better by themselves, but I had to put in the effort - a lot. I still do. We must learn to endure difficulties with the hope of salvation one day, and put in our work on ourselves. Family, friends in mental health, housing, case management, psychiatry, psychology, having a good GP and support system are all important. But above all we must be stoic, and not give up. I did not, I have not, and now the benefits are flowing thick and fast. I read a lot on stoicism (a philosophy which is more than it is presumed to be about), and I would call myself a practising modern Stoic. That is the way, I have found, to success.

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.

Lack of family support or poor family relations. Lack of decent, affordable, safe housing. Lack of money generally - insufficient welfare payments. Lack of social support under the old Community Managed Mental Health Services psycho-social model. Poor GPs who don't bulk bill. Insufficient

access to psychiatrists who bulk bill. Medication costs for multiple medicines. Inability to pay for heating, cooling, transport, food and social services. The federal government taking 50% of anything we earn off our pension payment. Community services in mental health being crushed by the NDIS, meaning those that don't have NDIS are left without any services. Overly-strict eligibility criteria for NDIS in mental health. Friendship and relationship networks being affected by the closure of small-time community mental health services. There were some really great, and thriving consumer communities in those services, which now have been eliminated through the NDIS. Not enough money for transport to see friends or make relationships. Affordable counselling, including individual, couples and family is very important. We should fund more low-cost counselling centres such as for groups as these. Low cost meaning no more than \$20/session. People on welfare payments can't regularly afford more than that - and in most cases, counselling/psychology means being in it for the long haul.

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

All of the above. By reversing these decisions or relaxing criteria for service in many ways, more and more people can be helped.

Family/friend/neighbour assistance is always good, but can no longer be relied upon as a support for those with mental illness, who need it most. A particular complaint I hear is that accessing a bulk billed psychiatrist, or even finding one, is nearly impossible. This is not good enough. Medicare Better Access Psychology rebates for up to 20 sessions, not 10 sessions, should be made available to those with a mental health care (GP) plan, and a health care or pensioner concession card. I also think that support workers in mental health, that are properly trained in mental health, should be available to all people with a mental illness who have a health care or pensioner concession card. This is like a psycho-social support worker in mental health who makes person visits to the client's home and helps them with their community activities. It is unacceptable that one needs now to be eligible for and to be on NDIS to receive services that were once more freely available under the old community managed mental health model. Many people living with a mental illness need further help with de-cluttering, household organization, planning and organizing, cleaning their homes, gardening, and psycho-social support. Also someone to talk through their problems, worries and difficulties, and plan solutions, in a scenario where many consumers have many such problems. They often have insufficient people to help them with such problems. This is particularly prevalent in a situation where the consumer experiences high anxiety. In other words, insufficient supports to stay well. If one receives Disability Support Pension -regardless of whether they receive NDIS or not, or may not be eligible - they should be able to access the above services.

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

Again, affordable counselling/psychology services, especially those skilled in family mediation and general carer/family support. Something may have to be done to break through the 'cone of silence' in older family members seeking professional support, which the younger ones treat as normalized and no problem.

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

I am a Peer Support Worker in mental health, and work at a hospital service. The job is very stressful and not as well paid by a considerable margin as when I was a Consumer Consultant in Mental Health. It is a much more taxing and difficult job and I transitioned from Consumer Consultant to NDIS work (involuntarily), then to Peer Support Work. Appropriate Consumer Consultant roles in suitable locations are very hard to obtain. Because the role is so desirable, some people stay in their role for a decade or more. Although it may seem as though Peer Support Workers in clinical services are reasonably paid, it is still a very low wage for the hours done. One

can't really expect the worker to make and sustain a proper recovery on the wages they make. It is a marginal existence - which is not good enough. As a Consumer Consultant, I was fairly well paid, but there is a big gap between that and a Peer Support Worker. One of the purposes of the consumer workforce in mental health in Victoria was to DELIVER its workers from a marginal psycho-social existence, by paying them well and hence letting them lead and further their own recoveries. Only then can they truly be examples to others whom they work for, and inspirations. Consumer Consultants work in tidy offices, low to no violence, conflict or safety issues, mostly in front of a computer or safe group work, and the whole job is EASY. Peer Support Workers in mental health work in stressful, difficult conditions on psychiatric wards, very fast paced, impersonal, lots of variant people, ever rotating client group, never ending or stopping, frequently lonely work and unsupported, very bureaucratic, under pressure from Statistical recording and constant measurement of output (not a feature of the Consumer Consultant role), not at all leisurely, and with a low autonomy / sense of control over our work. Consumer Consultants have the exact opposite of this. There should not be so great a wage disparity between the Consumer Consultant and Peer Support Worker role in mental health. In my opinion, the Peer Support Worker role is much tougher, stressful and more taxing work, for much lower pay. This issue - particularly the pay issue and disparity - needs to be rectified, soon.

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?

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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?

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

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

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