

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

Organisation Name

Medical Consumers Association

Name

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

"Campaigns to 'reduce stigma' have a collateral damage on those who have been falsely labelled as 'mentally ill' for ulterior reasons such as custody court battles, whistleblowing, lack of physical symptoms, compensation claims and many other circumstances. The 'normalization' movement makes it seem more likely that labels given to such persons, often in documents they have never even seen, will seem probable. So-called 'early detection' and preventive programmes are even more dangerous as the science is not there to back them up and they may lead to labels and invasive treatments and addictions that could haunt them for life. "

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?

"3. The 'stepped-care' 3-tier model proposed by Federal Government is regarded as impractical by Allied Health groups such as general registered psychologists, social workers, and occupational therapists, who are warning that many practitioners could be put out of business and replaced by more expensive, less accessible and risky treatments."

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

"Suicide is inherently difficult to predict, let alone prevent. So-called 'early detection' has never been shown to be feasible. The focus on suicide is too imprecise to give an accurate picture of mental health outcomes. "

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.

Getting a label as 'mentally disordered' to receive Medical Benefit subsidy treatments may be a poor and counterproductive long-term solution. Allied health practitioners point out that people may seek counselling who do not have an actual mental illness. The market distortions caused by the exponential fee differences between provider groups such as psychiatrists and others is not justified by any scientific evidence. Much of the evidence negates this.

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

Many socio-economic issues need to be addressed outside the health system.

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

"A first step is to stop conflating everyone who has a mild anxiety or mood disturbance as 'mentally disordered' and in need of 'care'. All scientific evidence notes high rates of

'spontaneous remission' and little impact, sometimes exacerbation, from supposed 'treatments'. These 'support' issues apply to the smaller number of traditional 'mental illness' cases. Diagnostic inflation has embraced too many others in the population."

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

"The Medical Benefits Schedule and salary structures distort the entire edifice. These are contrived trade practice restraints that have long been shown to have no scientific basis. The ACCC is the body that should, as required by law in cases of trade restraint, review the entire mental health edifice as a sector-level inquiry. The ACCC reverses the onus of proof onto bodies such as Psychiatry and Clinical Psychology to show why they warrant hundreds of dollars per hour while front line services listed on every other government inquiry site are the negative-income volunteers of Lifeline. Indeed the notable exception is this Victorian Royal Commission, which lists Lifeline after the paid services."

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?

"The proposed 'stepped-care' model differentiates levels of supposed mental illness. The entire structure however creates some of its own problems by early-labelling young people as mentally ill. The same problems arise if people need to take a day off work, visit their GP for a medical certificate, due to some family stress and end up with a formal unerasable record of 'mental disorder'. The first step to reduce the stigma is to stop the unwarranted, unscientific labelling."

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?

"MCA firmly believes that only the ACCC can effectively review this vast sector. The Consumer & Competition legislation reverses the onus of proof such that the vested interests actually have to provide data to support their case for trade restraint. They have no such evidence. This is supposed to be 'the law' and it merely needs to be enforced by a direction of parliament to conduct an ACCC inquiry. All of these 'mental illness' inquiries start from an assumption that we are talking about people 'suffering' from 'mental illnesses'. In historical times the human rights concerns were about false mental illness labelling for ulterior motives - for example the 1840s 'alleged lunatic society'. ABS figures that describe incidences of anxiety, depression and alcohol excess are wrongly interpreted as suggesting 45% of the population is mentally ill in the traditional 'asylum' sense and requires 'treatment'. The science does not support any of this. "

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

An urgent ACCC inquiry into trade practice restraints could have a powerful impact as it reverses onus of proof. All other types of inquiry by their very nature begin with the proposition that the 'mentally ill' requires a solution and the well-funded and passionately-involved groups will get a hearing without having to present substantial evidence.

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

"We will upload or email the more detailed, referenced, submissions MCA has made to the ACCC, Productivity Commission and MBS Review. We also have some relevant supportive historical

audio/video material but it would require written statutory assurance that there could be no copyright or defamation risks to MCA. Some deceased people with supposed mental illness are portrayed and identified in these A/V resources but that is because they explicitly wanted to share their story with the world. "