

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

Organisation Name

N/A

Name

Ms Margot Afford

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

"We need to treat all people suffering from a mental illness with respect and compassion. We need more funding into mental health. We need more training for all involved in looking after patients with a mental illness: Psychiatry Registrars, junior medical doctors, nursing staff, specials or helpers within acute and community Psychiatric facilities. We need all staff in public hospitals to have compulsory training on Psychosis, schizophrenia, depression.. as they have to with fire safety, hand hygiene, smart moves etc. There is no compulsory training in working with people with a mental illness in many public hospitals. (In my experience, from Emergency Department to the Neuro Ward to rehab to Psychiatric facility many staff missed important signs such as command auditory hallucinations, paranoia, not sleeping....although these were throughout the medical record) We need more in the media of people living with a mental illness, doing well, working, contributing helping others, The rest of the population needs to be aware there can be up down and down days like everyone else. Sometimes they will need to be admitted for care, need extra help or be safe. Regardless of wealth, everyone should be able to access good quality psychiatric health care. "

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?

"Organisations like Headspace are good although I believe there are long waiting lists. Phone lines like Lifeline and Beyond Blue could possibly help some people in the immediate term but someone in the midst of a psychotic episode is not really going to be able to pick up the phone to express themselves most often people suffering psychosis can't express themselves and don't know what is real and not real. In my experience, not much is going well in the public acute mental health inpatient unit. There are not enough staff, not enough highly trained staff, poor communication, poor environment, limited group work, limited engagement from staff, handover for nursing staff all at the same time. "

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

The World Health Organisation in 2014 defines suicide as deliberately taking one's life. The literature reports that suicide by command auditory hallucinations is rare but documented. I do not believe it is so rare. If around 33% of people suffering from Schizophrenia suffer from command hallucinations this could be higher than the literature reports. More research is needed and the Clinical Directors of Inpatient units may need to report deaths more accurately and not just blame the victim. Early intervention. More support. Better medications and closer monitoring. More understanding of the interactions between some medications (ie. increasing an antidepressant may decrease the effectiveness of the antipsychotic medication). Increase in education for all nursing and medical staff working with patients with a mental illness. Increase the training of

nurses working in mental health.

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.

"Some people are genetically predisposed to mental illness combined with trauma, or grief can increase the likelihood of some developing a mental illness Early intervention is essential Sense of belonging and community is important Good family and friend support Good care from well trained medical and nursing staff in the community and inpatient facilities Compassion and respect More acute beds More community mental health workers and centres Affordable private Psychiatrists and to access private clinics if the public ones are full and vice versa "

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

N/A

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

N/A

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

More funding Better environment to work in More staff at inpatient units and community centres More education and training Increased pay Increased study and workshops

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?

Good care of their illness The right medication if needed and the right supports in place Access to highly trained and experienced Psychiatrists Less stigma More understanding of the community into mental illness More empathy from staff and the community

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?

"Reduce the stigma More funding Increased training for all medical and nursing staff working in Psychiatry More inpatient beds Increased staff to patient ratio Better facilities for patients in inpatient care, cameras in hallways and lounge areas to hold staff accountable for regular observations and engagements, better quality food and activities to engage in. Psychiatrists to be onsite Safe materials in bathrooms and living areas Group work and therapy not just risk assessment Staff to engage not just observe from a distance "

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

More funding Set up systems that work well. Access to care for all patients

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

"I welcome this Royal Commission into Victoria's mental health system. Thank you. Much more

respect and compassion to patients and their families. More funding More training for medical and nursing staff More accountability from staff Nursing Handover to be staged or at the bedside and to ensure that there are nursing staff on the floor with patients Better facilities, better lay out of the environment, safer materials in bathrooms, nurses not to behind glass doors in the nurse's station All medical and nursing staff to read the history thoroughly, communicate with family, GP's, get to know the patient. Listening is important. All staff in inpatient mental health facilities o follow the same RANZCP guidelines on assessment, engagement, treatment of patients suffering from psychosis and schizophrenia All staff to follow the Category whether it is Constant visual observation, 15 or 30 minutes to follow exactly and be held accountable to follow this accurately and strictly. Nurses not just to observe but to engage. Nurses to engage with patients even if there is a family or a visitor just as observations are doing in a medical hospital it should be the same in a mental health facility. All staff to read the patients notes and medical record. Improved note-taking, communication, assessment, treatment, improved care and ultimately safety."