



**This submission highlights Victoria's urgent need to protect the interests of vulnerable individuals who suffer from mental illness.**

## Key themes

### Responsibilities of Religious Organisations and their Leaders

As leaders in the community, religious institutions are often a place where people with mental illness may congregate, therefore it is vitally important that church leaders are adequately trained and understand that they must refer people to mainstream medical mental health services if there is any risk of self-harm. Mandatory reporting is required to protect vulnerable individuals and guide them to the appropriate mental health professionals. At present, there appears to be both a lack of awareness within the church and also a lack of governance in relation to the responsibilities of a pastor or a counsellor to a member with a mental illness.

### Counselling Services

Counselling services in Australia are largely unregulated thus allowing some individuals with minimal training and poor ethics to practice on vulnerable patients suffering from mental illness. I strongly recommend that training, accreditation, supervision, governance and regulation of counselling services be reviewed to minimise a significant risk to the well-being and safety of people who suffer from mental illness. I suggest that particular emphasis be placed where those services are provided in connection with a church or religious ministry.

### My story

As an individual who has firsthand experience with mental health services in Victoria, I welcome this opportunity to share my story with the view to improving support services and safeguarding the interests of vulnerable individuals who live with mental illness.

From a young age, there was something different about my brother [REDACTED]. There were good days, amazingly good days where he was exceptionally energetic and creative, bad days and days where he simply could not get out of bed. My parents sought assistance through school referrals, general practitioners and psychiatrists. [REDACTED] was eventually diagnosed with Bipolar Disorder and was prescribed medication to help him manage the condition.

In 2013, I moved back to Melbourne with my children and I lived with my brother in [REDACTED]. [REDACTED] was aged 30 at the time, with a successful refrigeration business, a lovely home and family and friends who loved him dearly. Exceptionally bright, with a sharp wit and booming voice, my 6 foot tall little brother was the life of the party and I was so very proud of him.

A few years prior to my moving in, [REDACTED] had purchased his new home in [REDACTED] and had become actively involved in the [REDACTED] during the previous three years. [REDACTED] installed the air-conditioning, sound systems, lights and gladly donated much of his time, business resources and money to the Church. Given that I am not a medical professional, I cannot say with certainty that this abnormally

generous financial giving was as a result of his mania, however, I can confirm that he gave well beyond his means.

He made friends at [REDACTED] and became a deeply religious man who tried to follow the Church's doctrine. He regularly met with pastors, elders and other members of the congregation to learn more about God and be amongst people who he saw as being "close to God".

For those of us who have had some exposure to mental illness, we are aware that the road to recovery is not linear. There are many times where life becomes difficult and sadly [REDACTED] struggled with the breakdown of a relationship late in 2013 and turned to his Church community for support and guidance. By this time, I had purchased a home nearby and my children and I had moved out of [REDACTED] house.

Within the Church, [REDACTED] would regularly seek guidance from both the senior pastor and also from the counselling centre, which is operated by the church and provides Christian counselling services [REDACTED] [REDACTED]. As a severely unwell man diagnosed with a mental illness, he desperately reached out for help from people he loved and trusted within [REDACTED].

When [REDACTED] advised the senior pastor in late November 2013 that he had been thinking about committing suicide, [REDACTED] was told [REDACTED] [REDACTED].

When [REDACTED] advised the senior pastor that he planned to see his doctor to get some sedatives, he was advised by text message, [REDACTED] [REDACTED].

[REDACTED] My brother had made an appointment to see his GP but he did not attend after the 'advice' he was given by the senior pastor.

During this period my family was extremely worried about [REDACTED] wellbeing and we were advised that the Church would "take care of it". We were told that people within the Church and the church counselling centre were regularly around him and we had no reason to believe that they were not capable of providing him with the care he needed. These assurances from the Church were reassuring to the family, because [REDACTED] was increasingly isolating himself from his family and friends, which I understand was a symptom of his condition.

I have only recently become aware of the text messages between members of the [REDACTED] and my brother and I am deeply concerned by what they reveal.

There was a strong emphasis in the messages from the pastor and the counsellor for using spiritual intervention such as prayer as the means of overcoming all problems including severe mental health problems. Fasting was also encouraged to prove to God you were humbling yourself to ask for his intervention in something serious.

I later located the following extract from a document on the Church's website:

[REDACTED]

[REDACTED]

Unlike the information regarding fasting from other churches, the above document does not indicate that fasting may not be appropriate for some people and that medical advice ought to be sought. In my opinion this omission is irresponsible.

█████ had advised a leader within the Church community that he was hearing voices and again, he was encouraged to fast and pray.

The Church counsellor was also aware that █████ was contemplating suicide. Aware enough to see fit to contact me and let me know. He did not contact any medical professionals or the Crisis Assessment and Treatment Team (CATT). After the phone conversation, I went to my brother's house but he would not see me. I parked in his driveway for a while until he came outside and asked me to leave. █████ seemed dishevelled and insisted that I leave. I told him I loved him and gave him a hug.

On the █████ my brother █████ his death. He hadn't eaten for weeks leading up to his death.

### **Impact**

The impact of losing a loved one is difficult to describe but losing a loved one where the circumstances are such that their passing may have been avoided is so deeply guttural I cannot adequately describe it.

It has been almost six years now since we lost █████ but my mother still tells me he was in the house, she says she smells his aftershave every so often. My father blames himself and suffers a great deal of anguish resulting from losing his son, he has lost his faith and passion for life.

I will always wonder what life would have been like if my brother █████ were here today. He would have made a wonderful husband, devoted father and an awesome uncle. I wish I could have seen our kids play together and have Easter egg hunts at my parents' home like when we were kids, but all I am left with is memories. A beautiful smile, a huge laugh, the best hugs and the sweet, sweet dreams of what should have been a beautiful life.

I never imagined a life without my brother █████

### **Learnings**

I have come to terms with the fact that my brother is not coming home but as I look through this experience I see quite clearly that there were opportunities where, had a different decision or action been taken, the outcome may have been very different.

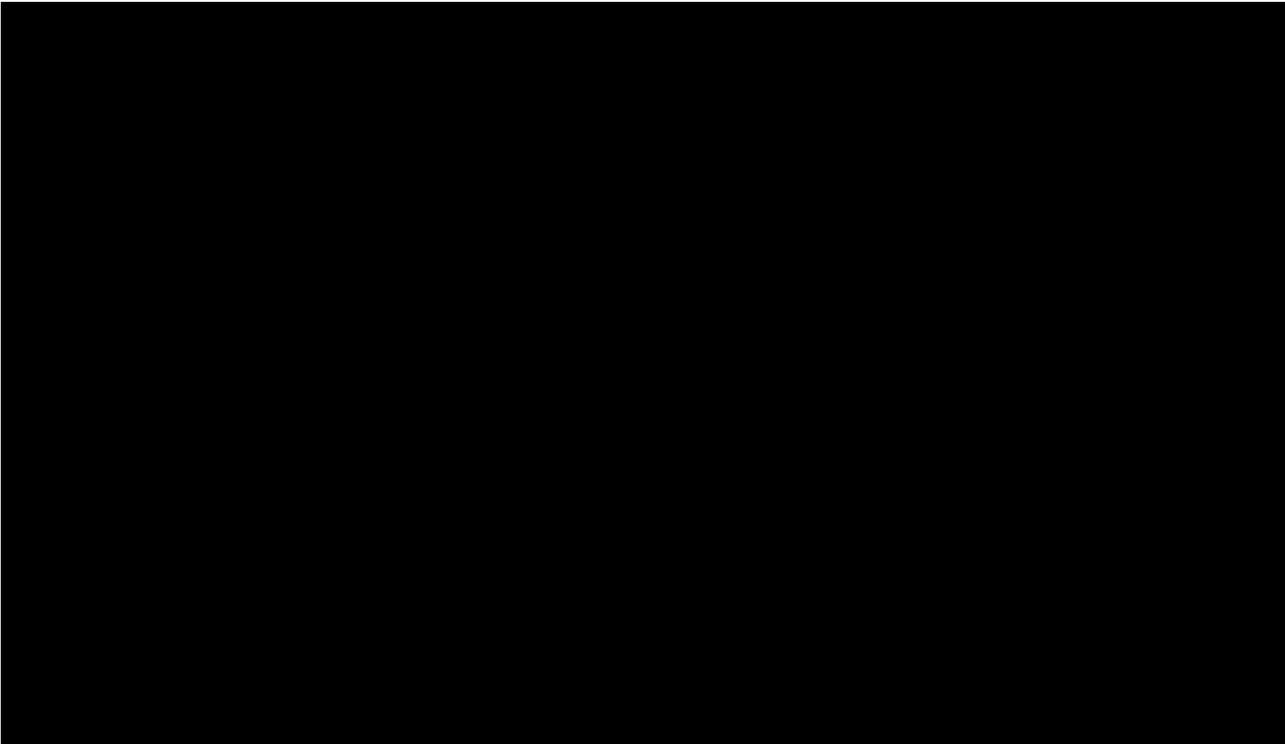
There is a part of me that, like my parents, prefers not to relive what were some of the darkest days of my life, but as I look at the faces of my children I become acutely aware that what happened to my brother can so easily happen to any number of people who I care deeply about. With this in mind, I would like to raise the following items for consideration and discussion.

### **The role of religious leaders**

Religious organisations are often the first point of call for people who need support, be it emotionally, spiritually or physically. Within the context of this submission, I would like to focus upon the people with either a diagnosed or undiagnosed mental illness who seek assistance through religious organisations. Through my experience, it is clear that the leaders of this particular Church were not well equipped in terms of their understanding of mental illness, nor were they qualified to advise people who are obviously unwell and suicidal. There is a vast difference between pastoral care and mental health care. One is spiritual and the other is medical.

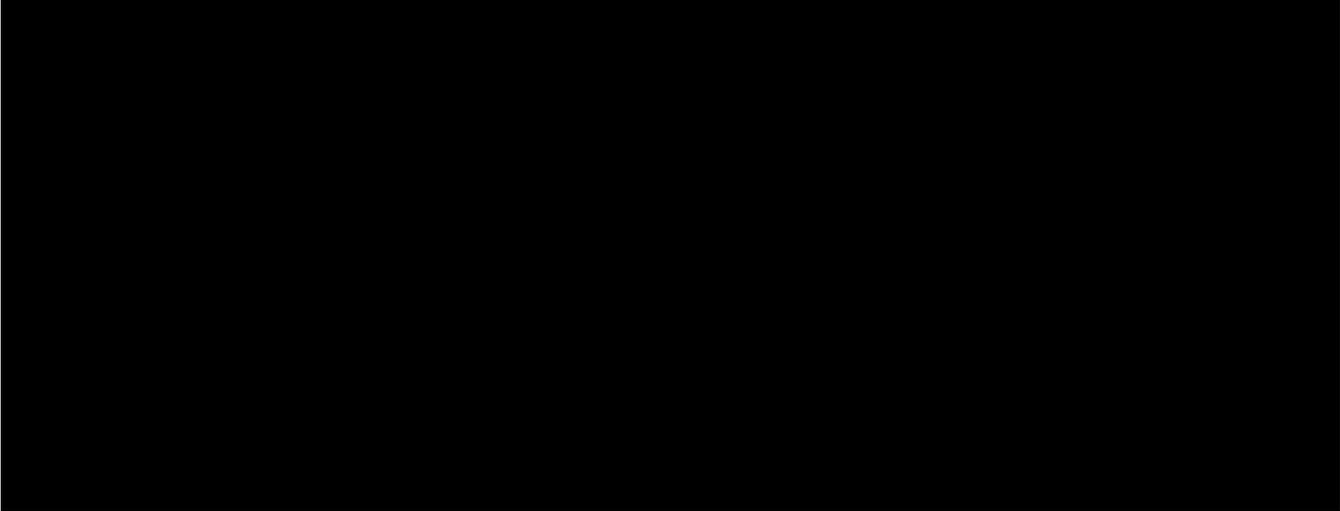
As leaders in the community, churches are often a place where people with mental illness tend to congregate, so it is vitally important that church leaders are adequately trained and understand that they must refer people to mainstream medical mental health services if there is any risk of self-harm. At present, there appears to be both a lack of awareness within the church and also a lack of governance in relation to the responsibilities of a pastor or a counsellor to a member with a mental illness.

It is evident that in my brother's case, the senior pastor at [REDACTED] breached the code of ethics of his Church denomination by advising my brother not to seek professional medical assistance. The pastor did not recognise his own "personal and professional limits" and undertook ministry that was beyond his competence" [REDACTED]. The Pastor used his religious views to essentially manipulate a vulnerable individual, which contributed to his death.



Had my brother been encouraged to see a GP he may have been referred to a psychiatrist, and given proper treatment and ongoing support for his illness. Or the GP, recognising that he was suicidal, may have arranged for his involuntary admission and treatment in a mental health facility. When my father asked the church counsellor why they had not called the CATT team, he responded that they would not have been able to physically detain him. To me, this indicates a lack of responsibility and lack of understanding of the function and capability of this service.

The Victorian Population Health Survey 2014 noted that 22% of residents in the [REDACTED] area belong to a religious community group. The Shire is also within a significant growth corridor in Victoria, and assuming current trends continue, there will be more reliance on religious organisations to help, direct and guide people suffering from a mental illness [REDACTED].



In Australia we have an abundance of resources available to us; mental health plans, bulk billed sessions with a psychologist, PBS medications and many professionals, researchers and individuals who are committed to making a difference in the area of mental health. Sadly however, it makes very little difference if people with mental illness are discouraged to reach out or ask for professional help from those who ought to know better.

### Counselling centres

██████████ runs a ██████████ counselling centre called ██████████. The centre is on the Church premises and has, ██████████. My brother attended many sessions at ██████████ particularly during his last few weeks. His counsellor contacted me prior to his passing to advise that ██████████ had been talking about suicide. It was clear ██████████ was unwell, so his counsellor saw fit to breach his confidentiality and call me, but not to encourage him to seek medical help or to contact any other mental health services to seek assistance for his patient. The counsellor's behaviour was unconscionable and negligent.

This demonstrates either a lack of training or an utter disregard for demonstrating a duty of care towards a vulnerable individual or both. Whilst the counsellor is registered with the Australian Counselling Association, I note that counselling services in general are not regulated to the extent that medical professionals such as GPs, psychiatrists, and psychologists, are. The Australian Counselling Association offers Level 1 membership to people who have completed a one-year full time accredited diploma course that can be done online with some face-to-face learning. I cannot understand how somebody who has completed this level of training is capable of assisting a person with a serious mental illness given that a psychiatrist who has trained for eight years may still find it difficult.

As it is now, using counsellors to assist in the treatment of mental illness represents a significant risk to patient safety. Within the ██████████, where my brother lived, the proportion of individuals suffering high psychological distress significantly exceeds that of Victoria generally (Victorian Population Health Survey 2014). I strongly recommend that training, accreditation, supervision, governance and regulation of counselling services be reviewed to minimise a significant risk to the well being and safety of people who suffer from mental illness. I suggest that particular emphasis be placed where those services are provided in connection with a church or religious ministry.

### Priorities in treatment

The best interests of the patient must be the only priority in the treatment and management of mental illness. In my opinion ██████████ case his best interests were not the priority of the counselling services he

received at the [REDACTED] nor was it the priority of the senior pastor at [REDACTED]

In an environment where religion or spiritual intervention is seen as the only avenue for treatment and recovery of mental illness, there exists the potential for serious harm.

I have no issue with religion, and as a former member of Parish council within St Peters Anglican Church in [REDACTED] I can say that there are many wonderful Christian leaders who are kind, welcoming, generous and are also acutely aware of their professional limitations.

The challenge for the Church more broadly speaking is to recognise that mental illness is a medical issue, that they are not equipped to deal with mental illness, that spiritual intervention in isolation is not the appropriate treatment for a diagnosed mental illness, and in the interests of their congregation that they need to refer people seeking assistance to qualified medical practitioners. This is all the more important for churches that purport to offer formal mental health services in the form of a counselling centre.

[REDACTED] expressed his need to leave the Church to relieve his anguish but, as evidenced, was made to feel guilty about leaving, as if it was a betrayal of other members of the church. [REDACTED]

It is clear that my brother's best interests were not considered a priority. This is particularly difficult for me to understand given both the financial contributions he made to the church and continued to make in his last days by paying for a negligent and irresponsible counselling service.

### Summary

Victoria is a progressive state where there has been a significant cultural shift over the last few years. We are far more open minded than we were 10 years ago, and the vast majority of individuals understand and embrace the opportunity to have a positive impact and make a difference within our communities.

With this in mind I encourage the Royal Commission, in their capacity, to minimise the negative impacts that church leaders and counsellors might have in their interactions with people suffering from a mental illness. Please consider and make recommendations in regards to:

- The role and responsibilities of churches and church leaders to safeguard vulnerable people who suffer from mental illness;
- Introducing formal training and education within the church to ensure that they are better equipped to support people with mental illness;
- Reviewing policies, procedures and training for counselling services and people providing counselling services;
- Increased regulation and professionalism of counsellors;
- Ensure that the best interests of the individual are a priority in their treatment, management and support of individuals with a mental illness.

The task you have at hand in administering this Royal Commission into Mental Health Services in Victoria should lead to significant change. I understand we have a long way to go, and that we cannot change the

past. I would encourage you to help to create a better future for our families, our children and all those who we care deeply about who suffer from mental illness.

I am sincerely grateful for the time you have taken to read my submission. I would be happy to meet with you or provide further information as required.

[REDACTED]

[REDACTED]

[REDACTED]