7th August 2007

Mr. E Humphery
Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr. Humphery,

Thank you for giving the Victorian Mental Illness Awareness Council the opportunity to have input into your inquiry into mental health services in Australia.

As the peak consumer organisation for people with a mental illness or emotional problems in Victoria, I believe we are well placed to provide an opinion from the consumer perspective.

If you have any queries regarding our submission please do not hesitate to contact me.

Yours truly,

Ms Isabell Collins
Director

VMIAC Background:

The Victorian Mental Illness Awareness Council (VMIAC) is the peak consumer organisation for people who experience mental illness or emotional problems.

As an organisation we receive funding from both the Commonwealth and State governments to provide individual, group and systemic advocacy, mutual support and self help and education and training.

The funding allows the VMIAC staff to visit most inpatient facilities on a monthly basis to provide consumers with an overview of their rights and to assist them with any advocacy issues they may have.

Notwithstanding the above, we also establish consumer groups in the areas in which people live. VMIAC staff attend these group meetings on a monthly basis to provide and gain feedback about the issues important to consumers, assist in the mutual support and self help processes and provide consumer education. Currently we have 82 consumer groups across the State although some groups are in abeyance due to workload issues.

Unaddressed Issues:

From the consumer perspective there are a number of issues that are dear to our heart and which have either not been addressed, or attempts to address the issues have failed to make any meaningful change. These are:

Stigma:

While it is acknowledged that there has been significant work done to educate the community about mental illness in an attempt to reduce the stigma consumers experience on a day to day basis, it would seem that it has been incorrectly assumed that the attitudes of clinicians towards people with a mental illness is healthy. Unfortunately, nothing could be further from the truth. Indeed, consumers will tell you that the attitudes of many clinicians, in particular psychiatrists, are worse than anything they experience in the general community. As stigma pervades the clinical mental health care system and is closely related to the culture it is more fully addressed in the next section.

Culture:

Before addressing the culture of the public mental health care system the writer would like to acknowledge the individual clinicians who do not conform to the adverse culture and continually treat consumers inclusively and with respect, dignity and empathy. Because these clinicians do not pervade the mental health system, we refer to them as the “Lighted Beacons.” They simply stand out from the rest.

Currently the culture negatively impacts on both consumers and service providers. Generally, the culture does not reward advocates, health professionals or other service providers who make a stand over patient care or consumer issues when practice has been inappropriate. Rather, the culture is one of defensive reasoning, for example, blaming. The blame is often squarely laid at the consumer's mental illness, resulting in the issues of concern being lost to this defensiveness. This occurs even though the practice may be quite disrespectful, inhumane and outside policy guidelines. Those advocates, health professionals and other service providers who refuse to go along with and justify inappropriate practice more often than not end up in the "shoot the messenger" scenario. That is, all effort is made to discredit the messenger. As a result, we have a system of health and support service delivery where fear of jeopardising your career and relationships with work colleagues overrides attention to disrespectful standards and errors of practice. In other words, organisational defensiveness pervades the mental health service system to a point where the issues important to the consumer are never really heard or actioned upon and accountability is nothing more than a theoretical exercise. Moreover, if the culture is not addressed, having a respectful patient and/or consumer-orientated service will never be realised.

For reasons beyond our understanding, it would seem that both in the clinical and non-clinical sector we have lost sight of the basics. At a minimum, the basics should be that we do no harm, ensure the protection of our patients or clients, and fight for the right of everyone to receive natural justice. Unfortunately, we no longer seem to support or have an interest in the basics.

Additionally, from the consumer perspective the current culture also means that once you have a diagnosis of a mental illness it does not matter what statements of concern you might make, it will all be claimed that it is just part of your mental illness.

Complaints: One of the major problems with complaints handling apart from attitudes is the legalization of the processes. As a consequence, of this legalization, there have been many lost opportunities for genuine learning from errors of practice and this has done nothing to assist in positive change. For example, when a complaint is made, those making a judgment about the legitimacy of the complaint (often lawyers) restrict their considerations to whether the Mental Health Act or other Acts have been breached, and do not give consideration to other important documents such as

standards of practice, codes of conduct, code of ethics etc. Thus, lost opportunities pervade independent complaints agencies, registration authorities, coroner inquests, etc.

A practical example is as follows:

A woman was admitted to a psychiatric inpatient facility for the first time.

While this woman was assessed by a medical officer to determine her medical treatment requirements, no nursing assessment regarding her nursing care requirements was carried out. This failure of care occurred despite a requirement of the Australian Competency Standards for the Registered Nurse that each patient admitted to a service must receive a holistic nursing assessment and have an individualised nursing care plan. Had an assessment been done, the nurses would have learned that the women had a past history of a motor car accident where she sustained significant physical injuries including head injuries with the latter resulting in chronic pain, physical limitations and light and noise sensitivity. Because no assessment occurred, nursing strategies to care for the woman did not exist and care did not occur. As a consequence of the woman's requests for assistance regarding the above and the nurses incorrect assumption that she was attention seeking, placed her in seclusion for some 38 hours and during this period the Mental Health Act was breached. While complaints have been made, independent agencies have confined their investigations to the Mental Health Act and completely and utterly ignored what are written and agreed upon and well established standards of professional practice. This totally inadequate way of handling complaints had largely impeded positive progress in changing clinical practice to one of compliance with contemporary practice and agreed upon standards.

Consumer Participation:

While there are individuals who are clearly committed to genuine consumer participation, on the whole, consumer participation remains nothing more than a "chore to get over and done with."

Opportunities for consumers to sit down with service providers and bureaucrats and discuss the issues that need addressing as a priority simply don't occur. Consumer participation is largely confined to consumers responding to everyone else's agenda. Realistic time frames to facilitate genuine consumer consultation and participation are bereft and consumer opinions that do not concur with the decision maker views are simply ignored despite the expertise of consumers.

Human Rights: It is some years ago now that the National Mental Health Plan include patient rights as one of its priority areas. The Commonwealth and State ministers developed a rights and responsibilities document that if put into practice would have gone some way to improving the rights of consumers.

Both the Commonwealth and State governments are very good at developing documents that may facilitate change. Unfortunately it is a sad indictment that both the Commonwealth and State governments are completely negligent in ensuring policy documents are put in to practice. Building up the hopes of consumers, only to take it away with inaction is now commonplace. Put simply, since the inception of National Mental Health Plans there has not been a single, sustainable improvement of the human rights of those who experience mental illness in particular those who are forced to use the public mental health care system.

Legislation: Again, the national agenda of reviewing the States mental health legislation is another example of building up the hopes of consumers, only to take it away with the results.

It would not be an exaggeration to state that the Mental Health Act is breached on an hourly basis. Feedback from consumers is constant and statewide that they do not receive a written copy of their rights, a verbal explanation of same, a copy of their treatment plan, input into their treatment plan, informed consent when prescribing and dispensing medication is rare, seclusion practices are constantly abused, natural justice at mental health review board hearings is often lacking and so forth. Accountability for all these breaches is non existent unless the evidence is overwhelming in the medical file and it is unable to be covered up.

Seclusion: While the writer is aware of the work being done on seclusion at a national and State level, if the method of problem solving is the same as has been used in the past and it is looking like it might be, then once again there is going to be a lost opportunity. Put simply, we constantly build up the hope of consumers only to take it away with defensive reasoning problems solving approaches. For example, seclusion is largely a nursing activity supposedly overseen by psychiatrists. Constant consumer feedback and the writers own observations clearly indicate that many of the “habits of practice” of nursing staff and psychiatrists significantly contribute to consumers being placed in seclusion. Yet, this is not an area that clinicians or bureaucrats want to explore via any open

dialogue. Blaming the consumer seems to be the only area of comfort for them. If this attitude of closed and controlled dialogue continues then little will be learned and positive change will not be the ensuring result.

Safety of Women: The lack of safety for women in inpatient units has been of particular concern to female consumers for many years. Rape, sexual assault and harassment is not an uncommon event. It is the writer's view that clinicians, bureaucrats and hospital managements have become so used to it they have become desensitized and therefore accept it as just another event. Little examination of the practices of nursing is carried out to see if there is anything that could be done to prevent it. Put simply if you do not assess the vulnerability of your patient on admission and throughout the admission you are not going to know what possible risks exist for that particular person. You are not going to be able to implement strategies to keep him or her safe and the assaults will just continue. Moreover, consumer feedback has been consistent and persistent for many years; the nurses largely confine themselves to the nurses' station while their patients are free to roam the wards and assault other patients. While a duty of care exists to protect patients from themselves and others, I know of no organisation that has ever made serious changes to practice in order to prevent future patient assaults and rapes.

Medical Model: The medical model pervades the public mental health care system like a disease. While medication is an important component of treatment, the public mental health care system appears to see medication as the only treatment modality. Talk therapy to assist the individual consumer to work through issues of grief, the fears and terrors experienced during periods of psychosis, etc, is simply non existent. Put simply, if the consumer expresses any form of emotion it is pathologised and the only intervention is medication. The impact this has on the consumer is a reluctance to talk openly and honestly about how they are feeling for fear of becoming so sedated they will sleep their lives away.

Advocacy: While legislation and the Commonwealth and States Statement of Rights and Responsibilities clearly state that it is the right of consumers to have an advocate, this has clearly not transposed into action. In Victoria for example, the VMIAC is the only non-legal advocacy service specifically funded to advocate for people with a mental illness. The Commonwealth funds one advocate position as does the State government. While the Office of Public Advocates office exists, guardianship orders have increased to the point that no staff are specifically allocated to do advocacy. The failure of

both the Commonwealth and State governments to adequately fund non-legal mental health specialty advocacy services is a classic example of consumer rights being ignored and disrespected at the highest level of government.

Standards: While standards for professional practice exist these appear to be largely ignored, are often too generalized to be used for measurement and in some instances ignore the basics of care. Having been an ACHS surveyor, it would not be an exaggeration to state that surveys are no more that a "postage stamp tour" of an individual service. In instances where deficits of care are identified and/or mental health legislation is not being complied with, you can still get accredited with ease. Put simply, even the accreditation processes thwart genuine learning to facilitate positive change.

Accountability: Based on consumer feedback and the writer's advocacy activities, there appears to be no service more unwilling to be accountable for its actions and inactions than the public mental health care system. Defensive reasoning with the emphasis on protecting the organisation and the people who work in the organisation at the expense of truth, justice and genuine learning is sadly the most prevailing culture. This defensive reasoning culture pervades governments, bureaucracy and service organizations' and it is one of the major reasons why there has been a failure to successfully implement national, state and local strategies for change.

Funding: Many of the issues outlined above do not need money to fix them, just commitment, will and some knowledge of positive change management. That said, mental health services remain grossly under funded and it is not an exaggeration to say that it is costing many lives. In this State alone, we have 25 people a year commit suicide within 5 weeks of discharge from hospital, our forensic inpatient unit is full of lovely people who would not be there if they had been able to get a service at the time they needed it. Clinical and non-clinical supports in the community are grossly lacking and the level of homelessness and unemployment of people with a mental illness should be regarded as a national disgrace. This is Australia, not some third world country. We have the money, we just don't have the leadership and ethos in government to put people first, in particular those that are the most vulnerable.

Closure: While the writer has responded to a number of inquiries into mental health in the past along with providing recommendations, it

was decided with this submission not to include recommendations except for one.

Recommendation: In light of the continuing concerns of consumers, carers and other stakeholders, the Commonwealth and State governments agree to organise a National Mental Health forum whereby the issues confronting those on the receiving end of services and those on the giving end of service delivery are provided with the opportunity to articulate to government and the bureaucracy the problems and further, with the government and bureaucracy input, develop practical strategies for their resolution.

Rationale: Governments and bureaucracies have had ample time to address many of the issues including the human rights abuses that are so commonplace. They have largely failed. It must now be time for the decision makers to genuinely listen, hear and act based on what the people who receive the services have to say rather than what those who deliver the services think needs to be done.

Isabell Collins
Director