Perspectives from a consumer – safety is important for everyone

Preventing and responding to occupational violence and aggression in Victorian health services

The Victorian Mental Illness Awareness Council (VMIAC)
About VMIAC

• We’re the peak Victorian non-government organisation for people with lived experience of mental health or emotional issues
• We provide advocacy for mental health consumers
• We deliver information and training to the community
• We have a large membership base across the State
• We are staffed and led by people with a lived experience
Safety is important for everyone

- Violence in health services is unacceptable
- The impact of violence on a person's life is lasting and considerable
- The safety of patients and staff are paramount concerns for all health services
- No-one should turn up for work fearing for their own safety
- No patient should have to experience violence within a health service
What this talk will cover

• The challenging context of violence in Victorian health services
• Some thoughts about what needs to change
• Some concerns around what this all means for mental health
We need a conversation...

• about violence and aggression that isn’t about Us and Them
• that doesn’t further stigmatise already marginalised people
• that acknowledges that the root cause of violence is anger
• that highlights that uncontrolled anger is a major social issue
• that is open and willing to address failings in our health system
The danger of that one-sided conversation
• 67,555 people (1.1% of the population) accessed Victoria’s clinical mental health services as a registered client

• 52 per cent of total inpatient admissions were compulsory and 11 per cent of community treatment was on a compulsory basis

• 2014–15 & 2015–16, admissions increased by 5% & 9% respectively, with even higher increases above the state average in outer suburban growth corridors
• 51,639 mental-health-related emergency department presentations in 2015–16, an increase of nine per cent from 2014–15

• The rate of bodily restraint in inpatient units during 2015–16 was 25.6 per 1,000 bed days

• The rate of seclusion in inpatient units per 1,000 occupied bed days reduced, from 9.8 in 2013–14 to 9.1 in 2015–16

Source: Victoria’s Mental Health Services Annual Report 2015-16
Insights into the lives of people with a mental illness

• High prevalence of childhood physical, sexual and emotional abuse in the lives of psychiatric patients

• Experiencing multiple childhood traumas appears to give approximately the same risk of developing psychosis as smoking does for developing lung cancer. R. Bentall cited in Slade & Longden, (2011)

• Many mental health consumers have experienced physical assaults, family and domestic violence and live with on-going trauma. Read, J. et al. (2008)

• Trauma often get replayed within mental health systems with involuntary hospitalisations, people witnessing or subject to takedowns, restraint, coercion, violence on wards etc. Frueh et al. (2005)
How do we talk about this?

Without talking about this?

Or this?
Thank you

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