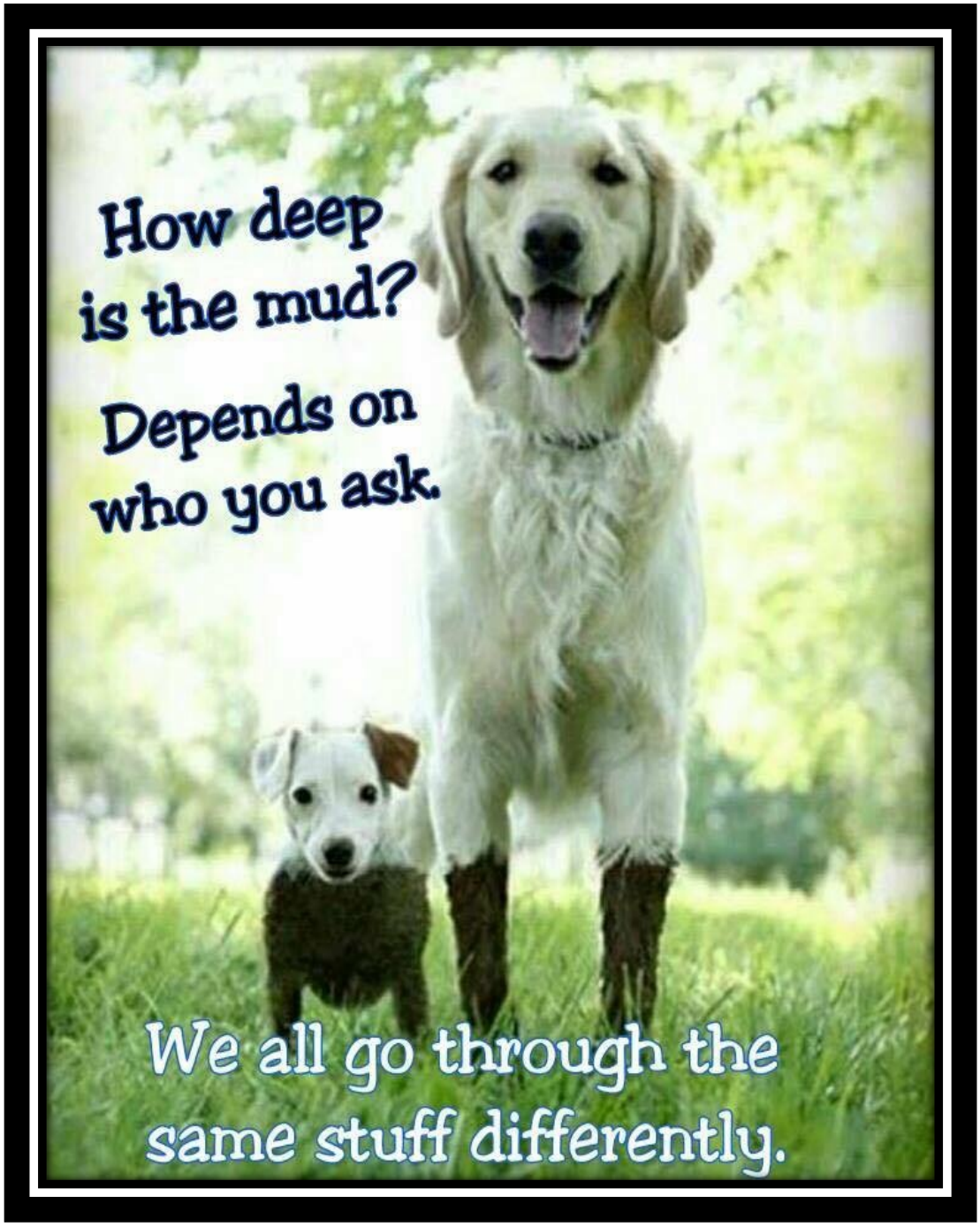


Mental Health Peer-Support Unit analyses

BLOOMFEILD UNIT'S AND ITS CONSUMER

David A Stone | Peer-Support | August 20, 2016

Forward

Forward:

Allow me to introduce myself; my name is David, I'm a Mental Health Peer-Support Person with lived experience. My lived experience is of childhood sexual assault, drug and alcohol, and public judgement. Up until I was 13 years of age I was sexually assaulted by an uncle. I was bullied all the way through school for being fat, having four eyes and being stupid. Leaving school in 1986, I started working for a well-known newspaper in Surry Hills which introduced me to a different culture of people. Through a mixture of curiosity and wanting to fit in or escape who I was, I began a twenty-three-year journey of varying drugs; pot, speed, cocaine and a variety of other types of narcotics. It may sound funny to some people but I never used needles because of a belief I had, that I wasn't a drug addict because I didn't use needles. This attitude mixed with the enjoyment of beer, spirits and any other drinks containing alcohol to heighten the pleasure of "just having fun", day in and day out. Some of the things I did when I was younger ranged from stupid to unbelievably stupid and some I can't even remember or I have chosen not remember.

One thing during my life I have almost always had a job, they may have been manual labour jobs where limited thought process or education was needed, but I always got by. I was also introduced to aikido by a man that could see I was heading into oblivion with my bong in one hand and a J.D in the other without a care in the world. There were other people through the early part of my life that tried to get

through to me, and help me in ways I didn't recognise till recently. I attempted suicide when I was 22, a low self-belief/self-esteem all my life with the fear and the flashbacks of what I experienced with my uncle as a constant reminder of where I belonged in life and the constant need for drugs and alcohol to tell me I'll be ok. Having a police investigation launched when I was 31, was one of the hardest and worst experiences in my life. My uncle worked with the police; police and people with authority weren't to be trusted, they had ulterior motives. Having to sit through interview after interview, while your family turns their back on you, and everyone that said "good on you for standing up to him" all of a sudden crosses the road when they see you walking toward them. It leaves you wishing that you had have just kept your mouth shut, and wanting to have it just end one way or another, led me to admit myself to the Canobolis Unit Bloomfield, I don't remember much of the time I spent on this unit.

All of this has come at great personal loss; the death of some of my closest friends, the breakup of my first marriage, the loss of family that have turned their back on me, the pain of not seeing my son now 17-years-old for over two years. My own mental health.

I've accomplished great achievements in my life as well. I used my hatred for my uncle as a fuel to learn six different styles of martial arts and travelling to the 1994 world championships, and up until three years ago I was still training and competing. Achieving my restricted pilot's

license at Camden aerodrome, having the pleasure of mixing with some of Sydney's elite and the birth of my son the world's greatest kid as well as my recent marriage to a beautiful woman and her kids that believe in me and care for me.

Would I change any of it if I could? Of course, I would; can I change any of it? NO; I can't, but what I have been given, is chance to use my lived experience, to take the coping skills and knowledge of being able to give up drugs and drinking, to be able to relate to people's pain, their struggles of hatred for themselves or others, their feelings of injustice; to be able to look a person in the eye and say "I hear what you are saying" and have the ability to ask "how can we help each other?" or "how can we help each other to keep you out of here?" With the knowledge that you can relate to them and how they are feeling is not something many people have the chance to do, or I suppose want to.

Before starting this course, I had the reading and spelling level of a third grader, having to have a crash course in spelling and reading with the help of my wife and kids, I have gained a thirst for knowledge; for learning and with the skills that the Mental Health Coordinating Council have given me in the Certificate IV Mental Health Peer-Support, the support and guidance from my supervisor Richard Whitton, and the trust and rare privilege Helen McFarlane, given full access to the units and thanks to all the NUMs and Nursing staff, I have learnt so much. I know with only an 80hr window onto the units I have only scratched the surface and look

forward to the opportunity of helping the patients and the cares in a more permanent environment and less rushed manner.

I never thought that the life I wasted would ever amount to anything, but the lived experience I have, is an education that few will partake in and be able to survive through till the other side, and it means more to the select few that know. Being able to say “I’m a Peer-Support Person with lived experience” empowers me with the knowledge and an outlook that can help and empower others, with the experience they are living.

MENTAL HEALTH INTESIVE CARE UNIT

MENTAL HEALTH INTESIVE CARE UNIT

M.H.I.C.U

Assigned Unit

In my forty hours of work placement on this unit I have observed nurse's that have shown the patient's great empathy, compassion and understanding, and I have observed nurse's that find it hard to have empathy, compassion or understanding (I do appreciate the hundreds of hours these nurses work on this unit and how trying and mentally frustrating it would be). To me, this shows an area that needs to be addressed, whether it is a lack of knowledge about self-care, patient trauma, cumulative vicarious trauma or a better understanding of resilience that may be needed. Please understand that it is not my wish to down play these nurses' knowledge or experience. These nurses working on the M.H.I.C.U unit are in a high demand, work in stressful and sometimes in an abusive/dangerous environment for long hours, and for that, they have my admiration and respect.

During my time on the MHICU I have had the pleasure of meeting patients from all cultures, genders, ages and economics of life reinforcing my knowledge, that is often overlooked by the general public that mental illness does not

discriminate. I know that I have been there to help patients in their darkest time, their saddest time, their time of confusion and their time of disorientation and sometimes aggression. No matter what place a person is in or at on their journey, most want the same thing and that is to be listened to, to have somebody there for security and understanding, whether they acknowledge it or not. I had to quickly learn who the patients were that I could help by offering support, who the patients were that I could help by just listening to and being there for while they worked through their anger, confusion and incoherencies. By being on the unit and not retreating to the nurse's station every time one of these patients would slip into an episode, I was able to help the patients that had no way of getting away or were too scared to retreat from those situations. By helping these patients stay settled and grounded, and help to lessen the fear of being left alone by staying with them and letting them know "I was not going to let them be left alone" to sit through a traumatic experience like this by themselves. I hope I was able to reduce the chances of them being re-traumatized or re-triggered.

I also had the opportunity to be able to offer guidance and helped people to have a different perspective on situations that some of the patients were having trouble with, coming to grips with in their lives, whether it was helping them to recognize their strengths, helping them to realise they need to take responsibility for the reasons why they were there. I even helped a lady realise that if she didn't except the legal ramifications she was trying to avoid and that she may not have been able to move forward. Hiding behind her condition was

only prolonging the condition and her recovery. The patients on the unit all benefitted from one thing as a whole and that was the fact that they had somebody there, that was one of them, a person that they knew that they could trust and would understand the journey that they had been on and the journey that they had left to go. The lived experience that the peer-support worker has to offer is one of the greatest assets the units and the hospital had to offer.

For the small amount of time as the peer-support person on M.H.I.C.U, I was told the unit was quieter and ran smoother which meant the nurses, doctors and other health staff could perform their duties more effectively and offer better care to the patients and themselves.

ADULT ACCUTE

ADULT ACCUTE 16

A.A

Assigned Unit

Adult acute was the next unit I had the pleasure of working on, and during my limited time on this ward (40 hrs) I would share my time with AMAROO and visits to MANARA CLINIC, unfortunately I never had the pleasure to get to know many of the nursing staff on the unit due to the high turnover of patients. As with M.H.I.C.U some of the nurses were stressed and in high demand and showing empathy was difficult, and there was difficulty taking the time to spend with the patients and help the best they could, and there were some that only did what was needed and had little understanding or time. It must be difficult for a nurse connecting with such a vibrant population of patients and their private lives, to remain vigilant and empathetic (and as before I do not wish to under play these nurses, their knowledge or their skills. Anybody that works in this industry or in this environment deserves recognition), and as before to me this shows an area that needs to be addressed.

The patients I had the privilege to spend time with and talk to on A.A were a different mix. Some you could set at ease just by talking and some I helped by just finding out how long a social worker or doctor would be. Others appreciated the fact that you saw they had been waiting at the nurses' station trying to get a nurse's attention for a bottle of water and appreciated

the fact you paused what you were doing to grab it for them. This may seem like, meaningless and unnecessary assistance to some, but help to show that you care and respect the person's needs, and helps you gain the patients' respect and trust and allows the patient to feel easer about opening up to you.

Helping patients with information about services such as Grow, Beyond Blue, Neami National Dubbo and the Blue Knot Foundation etc was one of the major roles, as well as asking and talking about "Do you like it here? how can we work together to try to make sure you have less of a chance of coming back here?" By asking such questions it helped to set their thoughts into motion and generate ideas and plans on what they may need to do, or people and services that may help, and helps me to put a basic care plan into action.

I was able to help one young girl to learn and acknowledge when she was starting to become overwhelmed and anxious, and how to manage and centre herself by using a cognitive exercise. By using a bead bracelet, she could roll the beads around in the palm of her hand and by focusing on the way they felt to touch; the texture of the beads, and their shape, while concentrating on slow deep breaths, she was able to re-ground and center herself which she found a most helpful and useful tool. Another person on the unit that was starting to become very unsettled, anxious and escalate. I was able to settle and re-engage in the 'here and now' by asking how many blue things she could see, how many yellow things and how many red things, she was able to regain control. Being on the

units and being there to help people with things like this, is an integral part of the peer- support worker's role.

AMAROO

AMAROO

This was not an Assigned Unit

Amaroo is a unit that is focused to help in the recovery and wellbeing of their patients. The patients require less closed observation and lower security and are free to access the Bloomfield campus. This allows them to make their way to a designated smoking area for a cigarette without having to wait for scheduled leave (as on Adult Acute). There is ease of access to arts, books, fruit and water, the accessibility to these, places the nursing staff under less demand from patients, lowering the stress on the patients and the staff. The availability of the nurses and the openness of the nurses' station helps to add to the friendlier and more humane feel to the ward. I do understand and see the need for the more secure units, and the need for a safe working environment for all workers, visitors and official visitors that come onto the units but in some ways, I feel as though some of the patient's emotional comfort is sacrificed because of it.

The people on the Amaroo unit are people that are being educated and rehabilitated and will be discharged into the community as soon as they are deemed fit, and are in need of new ways and resources to cope to lessen their chances of being re-admitted or being unable to deal with their life, work or

social environment once they leave. Helping these patients was made easier due to the fact that working with them could be done out of the unit in the sun, and you could take them away from others where they could sit out in the sun and not worry about who may be listening. I was able to help some patients by listening to how they were planning on re-entering their communities, along the lines of who they had to visit when they were discharged and what services they were going to access. Asking these questions helps to reinforce the arrangements the social worker had put in-place. It also allowed me to offer other services not yet considered or are not as well-known e.g The Blue Knot Foundation, Eva House at Mayumarri, OCRO etc. By asking how they would cope if they couldn't access the services they wanted or what they were going to do with themselves if they were to be placed on a waiting list for a month or more, how they would keep themselves busy, while trying to stay away from old habits. Being able to suggest art groups, bush walking groups, meditation groups, volunteer work with Salvation Army/Vinnies stores or volunteer work with land care in the hope they may form a new sense of worth, new social groups and help to give them a feeling of belonging and a healthier outlook on their lives.

AN OVERVIEW

MY THOUGHTS

I would like to thank and acknowledge the Mental Health Coordinating Councils (M. H. C. C) Mental Health Peer-Support Certificate IV for teaching me and showing me ways to help others. M. H. C. C' s Certificate IV is a resource that is crucial for any support service; be it government, non-government, big or small. I would now like to take this chance to show how I saw the peer-support person's role with lived experience in facilities like the Orange Bloomfield Mental Health Units is crucial for the help and recovery of patients.

"All people have inherent dignity and worth and are entitled to the equal protection of their human rights and fundamental freedoms without discrimination of any kind."

"Non-discrimination and social inclusion are fundamental to the mental health of the whole community. There is a recognised correlation between severe mental illness, low socio-economic status and social exclusion."

"Mental health consumers have the right to social inclusion and participation in social life on an equal basis with others without discrimination of any kind."

(2012. Mental health statement of rights and responsibilities. P6)

The Mental Health Peer-Support Person with lived experience has never been more necessary. As I've had said to me "the system is broken, David". How do we fix it? I like so many others wish I knew. The Mental Health Peer-Support Person with lived experience is seriously needed in the mental health industry to help with a quicker recovery. The varied methods and techniques that have worked for a Peer-Support Person may not work for everybody, but if a Peer-Support Person has lived a varied life, they may have other ideas or alternate ways that may help. With a Peer-Support Person's lived experience and patients' doctors and other health care professionals working together, a patient's mental health care should be functioning at its highest level, offering a more holistic approach.

"Australian governments have the responsibility to support the development, implementation and evaluation of programs that promote mental health according to best practice standards within a population health framework across the public, private and nongovernment sectors."

(2012. Mental health statement of rights and responsibilities. P9)

"Australian governments and communities have the responsibility to support the development, implementation and evaluation of programs for preventing mental health problems and mental illnesses across the public, private and non-government sectors."

(2012. Mental health statement of rights and responsibilities. P9)

Please note that I am not saying that this is the silver bullet that will fix all, but it is an area, I feel has been overlooked. If you look at any health care worker that is passionate and good at their job, you'll see a person that's been there themselves. The opportunity I had of working 80 hrs work placement in one of busiest and most intense mental health facilities (Bloomfield Campus Orange NSW) may not have been what the M. H. C. C had in mind for their Mental Health Peer-Support Certificate IV course, but it goes to show the strength of the course, facilitators and the team at M.H.C.C.

Having a Mental Health Peer-Support Person on the units when patients are anxious and agitated to help with their frustrations, due to a reduction of their freedom is a must. Patients lack of freedom for common comforts was a major cause of frustration. Patients that aren't permitted to leave the units, that were chronic cigarette smokers had access to quit smoking patches and inhalers. But being a

person of lived experience of giving up smoking myself, I know how useless they are especially when you don't want to give up. This led to some patients getting frustrated and anxious on top of their illness. Because of this; moodiness and aggression were obviously accelerated and the answer to this is medically calming them or worse being isolated. My empathy goes out to all the staff for all the flack they cop for this. Whereas allowing them to have 4 smokes a day may have avoided this and helped in accelerating their recovery. Please note that this smoking policy is an NSW Health policy, not a Bloomfield campus policy. Even access to coffee, tea and fruit more than three times a day would help in a quicker recovery and show they are respected as people. I do realise that this comes down to cost and dieticians, however, what's the use of having all these different policies and procedures, if the humanity of patients being people is being overlooked? Maybe they need to start printing all these different policies and procedures on the back of the universal declaration of human rights and turn it over and read it every now and again. Sometimes I thought that the rights of the facilities far outweighed the rights of the people in them.

"Australian governments have a responsibility to support the ongoing development of a range of timely, high-quality, evidence-based services, built around community-based and

specialist social support, and integrated with mental health, general health, disability, and drug and alcohol services."

(2012. Mental health statement of rights and responsibilities. P12)

One area I observed, that I thought and I thought excelled was where the patients had access to their carers and support people. The patients who do have this support network in place have little trouble in accessing it. But there are a lot of people that have no one and the fact that they had access to a peer support person on the unit to sit down and say "Hi, how you going?" was for some the only contact with someone, that they had and they used to look forward to me coming around and sitting down for a talk.

"Families, guardians, carers and support persons of children and young people have the responsibility to obtain appropriate professional assistance if they believe that a child or young person has a mental health problem or a mental illness." (2012. Mental health statement of rights and responsibilities. P19)

I do acknowledge the years of training, study and sacrifice which all of the health care professionals have, who I had the privilege of coming into contact with but being a person with lived experience with no degree, masters or PHD

(at this point) made me feel like my input was not of much value or acknowledged. There were people that acknowledged the value of lived experience and there were some who I am sure just saw my presence as a hindrance and that I was a glorified patient. I feel that this is an area which needs to be addressed. Some of the information that I have access to may not come from public records or may not follow procedure, but doesn't all information help? Isn't it about helping the patients? Some contacts that I made, which helped to build a patient's history, which I feel would have helped to benefit their treatments and explain their delusions was accepted but never followed up.

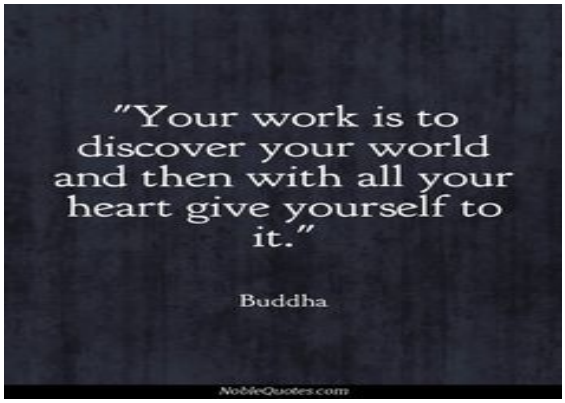
"This statement acknowledges the qualifications and expertise of service providers in the private, public and non-government sectors and recognises their contribution to planning with, and the assessment, support, care, treatment, rehabilitation and recovery of mental health consumers."

(2012. Mental health statement of rights and responsibilities. P19)

I know that there aren't many people with the lived experience that I have and I know that there are people with greater lived experience than I have. But people that can offer any form of lived experienced should be grabbed with both hands, trained and used to their fullest potential. It would be one of the industry's biggest assets.

80 hours is not much time and considering I was in the unit 2 days a week, for four hours a day, I formed some great relationships and in one way or another helped and touched a lot of people. If I had been able to spend more time on these units, I could have helped in a more in-depth and less rushed manner.

I am sure my supervisor's blood pressure Richard Whitton will start to settle down now I have finished my time on the units. I know he was concerned at points about my self-care, boundary issues and getting too close. I do know about boundaries and self-care, but a peer support person's job weaves back and forth through the grey areas. You may call it role confusion or boundary crossing, but if you ask a peer support person who is good at their job, they know this grey area is the link that a peer support person offers. I and many others call this link compassion, genuineness, concern and friendship. It is a fine line, and maybe that is what needs to be fixed. The realisation that some things are meant to be blurred.



I have had full access to the Bloomfield campus and tried to make the most of my time. I have been able to sit in on tribunals, hearings, mental health reviews, patient, psychologist and social worker sessions, and psychologist reviews. I sat in on pottery sessions at Parklands. This has provided me with insight into how the facility functions as a whole and has inspired me in the direction I want to go.

I would like to acknowledge and thank Helen McFarlane for her trust and respect. Having a person like Helen who can acknowledge the value of lived experience in the position she is in, is a leap in the right direction.

I would like to thank all the NUMs and the staff who I had contact with and spent time within these sessions. There are some truly inspirational people among them.

I would like to thank my supervisor Richard Whitton, a truly inspirational man with a beautiful heart. The guidance and supervision which he offered me through the insight of his over 40 years of working in mental health, was an incredible source of information and support. I would like to thank Janice Peterson for being there. It is people like Richard and Janice that facilities like Bloomfield need.

I would also like to acknowledge my wife and kids for putting up with me while writing this over the last few days, “thank you”.

I hope that the information contained in this report will be of use to peer support people who may follow in the future, improve the experience of the patients themselves and provide insight for the people working within this industry.