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

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

"Formalised integration into the education system - starting early so that mental illness is a health issue like any other physical issue. Part of the stigma comes from lack of understanding, so I think education and normalisation of mental ill-health would help break down stigma.   Public education campaigns - similar to campaigns like those for breast cancer screening, smoking, road safety etc, mental health needs to be treated like any other health issue. Education campaigns about what mental ill-health looks like, and how to access support.   Incentives to include characters with mental illness in film/tv/media. This is improving with some US shows, but I haven't seen much on Australian TV. Or if I have, it doesn't come to mind. Many times, mental illness is portrayed in association with extremely abnormal behaviour or violence. E.g. shows about hoarding, about psychopaths etc. A more balance representation of mental illness will help bring it to the fore. Incentives for film/screen funding may help with this.   Guidelines around the reporting of mental illness. In addition to the previous point, media reporting often associates violence with mental illness. In reality, people with a mental illness are not likely to be more violent, and if they are, they are more likely to hurt themselves than others. This needs to be reflected in media reporting. If the only stories about mental illness in the media are ones that involve violence or some other transgression, then the public will get the idea that these things are inherently related. "

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?

"Making treatment accessible - things like headspace seem to be working well (although many of them are stretched to over-capacity). A less formal environment seems to be a good idea, somewhere where people can literally walk in and (hopefully) access services.   I think the Better access scheme is a helpful early prevention approach, but that more needs to be done for more severe mental illness. 10 sessions a year is not enough in most cases.   Psychosocial stressors - mental illness can often arise from or be exacerbated by psychosocial stressors. Services like centrelink need to better provide support rather than stigmatisation (e.g. the drug testing policy)"

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

"not a whole lot of direct experience of how the system works for people in this situation. Lifeline is probably helpful, although again, undervalued and under-resourced.   Headspace - again, good, but underfunded.   I think that often a person will need help not only with the crisis intervention, but the maintaining issues. E.g. financial, relationships, employment etc. A one-stop-shop approach might be helpful for this. It seems like there are some good systems in place to prevent suicide in an acute context, but more needs to be done in prevention and ongoing support. Case management has a role in this space but is often focused on medication management. "

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.

"I think that often people turn to services and treatment in a bid to improve their mental health, but the treatment is not matched to their preferences, personality, and illness. I think that on the treatment side, more needs to be done to accomodate the needs of the client. I'm a big proponent of alternative therapy delivery. Particularly things like conducting outdoor therapy - rather than sitting in an office facing each other which might make people uncomfortable.   I think service linkage is a big area for improvement. If you go and see a psychologist privately, their notes don't really leave the office (apart from a short letter back to your GP if you're getting a review). But a psychologist wouldn't have any contact with the rest of the client's treating team (in most circumstances). There are a few reasons: there aren't any formal pathways for information sharing, there are issues of confidentiality, and the psychologist doesn't get paid for this time. They can only charge for the time they are actually seeing a client.   "

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

"Mental health or ill-health does not exist in isolation, it occurs within a context. If there are numerous psychosocial stressors in a person's world (e.g. unemployment, family violence, financial concerns, unsafe living environment), then mental ill-health is an almost inevitable outcome. I think in addition, there is a shortage of mental health workforce in rural areas, and clinicians are often required to be a jack-of-all-trades, working with mental illnesses that might sometimes be out of their area of competence.   I don't have the answers to these problems. But I think a person is unlikely to experience good mental health if their basic needs (e.g. employment, accomodation, relationships) are not being met. "

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

"As an only child who grew up with a mentally ill mother, I didn't receive any formal support from services. I'm not sure if this was because the services were not available, or if I simply did not come to the attention of the system. My mother was involved mainly with private psychiatrists and psychologists, so maybe the mechanisms to alert the system were not in place. However, the result of this was a very strange and challenging childhood which will likely continue to affect my own mental health.   I think that a number of supports may have been helpful. Firstly, my mother needed a lot more help than she was receiving. Maybe if she received better help, no other support would have been necessary. But, due to her mental illness, she had trouble looking after me. I don't know if actual in-home help would have been helpful, equally I think that a foster arrangement would have been quite disruptive. But I think some mental health support for children who are carers, possible seeing a psychologist or a mentor, would have been helpful in my situation.   Similarly, a support group for children may have reduced the feeling of isolation. I thought that everyone else had completely 'normal' parents but this was probably not the case. I think being able to meet with people in a similar situation would have been helpful.   Things like the Mind Carer's Helpline, which is fantastic but operates on a shoestring budget, are great and should be properly funded. However, this is not helpful for children. I think more needs to be done to identify and assist children who are being affected by someone in their family who has a mental illness, to prevent them from developing their own issues later in life. "

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?
"The current education model (for psychologists) is extremely arduous and unfairly penalises those who have family, financial constraints, or are not interested in research. I think this might put a lot of people off who would make good mental health workers.   Other than that, the normal things like salary are relevant. Many of the support workers who work in places like residential services are not paid decent wages for the work they do.   Peer support workers - I think one of the biggest keys here is flexibility. The employer needs to be able to work around the person's lived experience. "

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?
People just need to be given the right opportunities and not forced into things that aren't suited to them or that they don't want to do. I think that people innately want to feel that they are contributing something to 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?
"Across the board there needs to be better integration. Services need to be communicating with each other to provide a comprehensive service, rather than a piecemeal, ad hoc one. Recently I was on a placement with a case management team, and the lack of contact with the mental health ward (from whom they received 90% of their referrals) was astonishing. There was no continuity of care. It was all about crisis and medication management. Psychologists need to be talking to GPs, there needs to be a system so that GPs are referring to the appropriate psychologists (e.g. specialisation area) rather than just choosing from a list in that area.   There needs to be more more services for people with moderate-severe mental illness. There is the better access scheme on the bottom end, and hospital on the severe end, but not much in between.   Hospitals simply need to be better environments. The culture and attitudes of the staff (not all), the wards themselves are simply not nice places to be, the approaches to treatment, the language used, the lack of respect afforded clients. You're taking someone who is highly distressed and placing them in an environment which does not alleviate this.   Better integration with NDIS - I know this is federal but it should be highlighted.   Access and navigation. I tried to access some support for my mother a few years ago, and even for me, someone who is studying psychology, it was difficult and frustrating. Help needs to be easier to access. There are too many different services.   "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Keep the workforce and the public informed. Don't do this behind closed doors.   If big changes are made, then workers need to be supported through this and not feel like the changes are simply being imposed upon them.   Public need to be educated about mental illness and how to navigate the system right from the start. "

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