

Royal Commission into Victoria's Mental Health System

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

- Provide better education to schools & community groups
- Encourage sporting clubs and community groups to be supportive of mental health issues
- Provide incentives to employers to provide mental health programs
- Recognise employers who provide mental health programs and support to staff
- Award preferred provider status to employers who support mental health
- Provide support for carers – information, advice, respite and most importantly education on how to best support their family member who suffers mental illness

2. 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?

- Case management is ok, but we need more of it
- Follow up from hospital is better now compared to several years ago, but patients are discharged too early and without proper support structures

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

- Community initiative such as R U Ok?
- Better outreach support

4. 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.

- People with disordered thinking may not reach out for help, even though they may be in desperate need of it.

- When a carer reaches out they are told that the mentally unwell person “has rights”, making it almost impossible to obtain the help they need.
- The services available are crisis based – therefore if you are not in crisis and just experiencing poor mental health over a very long period of time, assistance is almost not existent.

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

- The “rights based” approach when applied to people who do not have the cognitive function to be able to exercise their “rights”, makes for a poor, ridiculous and cruel system.
- The response from mental health services is too slow, too uncaring and in my experience can be callously indifferent – unless the mentally unwell person has hit rock bottom and is at risk of dying. Why do people have to be reduced to that state of desperation before help can be accessed? The cost of allowing people to be reduced to that level of desperation is very high and that level of damage often cannot ever be reversed.

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

- Listen to the voice of the carer. I have been caring for my schizophrenic mother for 40 years. She was diagnosed when I was 11. I have insights, knowledge and experience with the mental health system, but feel that I am patronised and condescended in respect to my mother, whenever I ask about support beyond medication – which in any case she has a 40 year history of not complying with.
- On the subject of medical non compliance I have been saying for 40 years now (yes that's right 40 years), that she will invariably become non compliant, yet the mental health professionals persist with the unrealistic and glib assumption that she will comply and proceed to close her file.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

- Simplify the “risk based” tick box administration. It adds NOTHING and does not even reduce risks. Check your own data and statistics for verification!
- Allow mental health workers to make decisions “in the moment”, this is what they are trained for. Give them the autonomy to exercise their judgement and to provide for more responsive and caring outcomes for their patients. The system is too cold, distant, unresponsive and crisis based.
-

8. 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?

- Early intervention
- Case management.
- Our crisis based model is not working. Its expensive and damages lives. In 2013 my mother became non compliant with her medication and it took 3 years, many calls and eventually a crisis before my mother was hospitalised in 2015. Her social and economic participation in the community was non existent, the cost to the community was enormous, as her paranoid delusions would result in her seeking help from police, community groups, members of parliament – it was a cruel tough grind for years. My mother has forever changed since that long period of being un medicated.

9. Thinking about what Victoria’s mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

- A mental health response line should be established – like nurses on call.
- Intervention should be immediate – particularly when there is a history.
- Case Management should be available. This is a far less costly approach than the current crisis model. Which is also indignifying and de humanising.

- Mental health facilities should provide better therapeutic interventions – just as they did in the 1970's, when my mother was initially admitted. Back then they offered music therapy, art therapy, market days, planting, etc. These days most patients just sit and stare at the wall all day, the level of engagement with staff is poor, because staff appear to be pre occupied with other administrative duties.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

- Reduce the bureaucratic burden on the system
- Adopt a pro active, early intervention approach
- Review the "rights based" provisions, which can be an excuse for not acting (and I am a firm believer in rights, but in the context of a mentally unwell person, they are ridiculous)
- If someone has a history of non compliance with medication, don't make it difficult and burdensome to impose a community treatment order – it is a traumatic process for both the patient and the carer

11. Is there anything else you would like to share with the Royal Commission?

- For a long period of time I have seen the gradual reduction and cuts in the mental health service. This has led to very bad outcomes, for those most in need.
- At the same time, a tick box culture has emerged, ostensibly to "manage risk", but this has not had a positive impact. This needs to be seriously and urgently reviewed for effectiveness, in terms of both cost and outcomes.
- I would like to see a system that responds with care and concern, as opposed to dismissive, unless in an absolute crisis.
- Giving dignity to people who are mentally unwell is about addressing their needs in a timely manner. The current system tries to dismiss the problem, until it is almost too late and untold damage has been done. It is time to reverse that in a very sensible and pragmatic way.
- I have been saying to mental health professionals for YEARS, that taking my mother to hospital in an ambulance, escorted by police officers and a cast of many other "professionals" is extremely traumatising and unnecessary. I have lost count of the time I've suggested that all that is needed is a mental health professional or two. When I saw this was being trialled in Geelong, I couldn't help but wonder, how the system would be better if the mental health professionals just listened to those who have been on the user end of the system.
- On a final note, I know of many other carers who like me care for chronically mentally unwell members of their family, who like my mother, are afflicted with schizophrenia. It is a debilitating and heartbreaking illness, for which there is no cure. It can be managed with medication, but non compliance with medication seems to be par for the course with this illness. These other people are better educated and more articulate than I am, yet they have refused to put in a submission, because they believe it will be a waste of time and their views will not be heard.
- I hope you will listen to my voice.

Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ✓ <input type="checkbox"/> Yes <input type="checkbox"/> No