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

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Name

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Keep talking about it. Having this commission is a good start. Just as with sexual abuse in institutions and in families, unless it is called out in the media, no-one knows it is happening."

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?
"Better resourcing of youth mental health services. More emphasis given to counselling with medication used to make counselling possible i.e. to stop the psychosis or calm the anxiety enough to begin addressing the thought processes driving the mental disorder. My experience leads me to believe that the state employed counsellors are not the ""best of the best"", and they should be. Remuneration obviously plays a part in attracting high calibre practitioners to this field. Putting larger amounts of money into early prevention would save dollars at the other end. Hospitalisation, loss of the ability to work and, too often, loss of life are a huge financial drain on the taxpayer. The human cost to this short-sighted approach is incalculable. I know that money has been thrown at the 12-25 year olds but once they get to the point where they need admission to a facility they have to be psychotic to get a bed, just like everyone else."

What is already working well and what can be done better to prevent suicide?
"I am not sure what is working in this area. All I know is what my son and his girlfriend needed to stop them suiciding. They both had loving families and lots of engagement with mental health services. What they could not access was a safe haven when they were in emotional distress. Each of them were refused hospital admission numerous times because the psychiatrists did not think they were really suicidal! In reality beds were at a premium and only the floridly psychotic had a chance of one.   THERE NEEDS TO BE A DECOUPLING OF BEDS FOR THE EMOTIONALLY DISTRESSED FROM THOSE FOR THE MENTALLY ILL. Like palliative care beds being separate from hospital beds, so too should there be small facilities offering a stay for those who are self-identifying as suicidal. NO barrage of questions seeking to exclude them, just a smile and a warm invitation to stay awhile. Obviously all sorts of services would be attached offering group and individual counselling, animal and plant therapies would be nice as well, but, most importantly, no pressure and no justifying of the need to stay."

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.
"This is almost an existential question or else one of political philosophy. Before I retired I worked in Homelessness Services. I saw first hand how Centrelink and the Job Network Services actually worked in an unholy alliance to tip people into a state of mental distress. The workers were given enormous amounts of power over the lives of vulnerable people with little understanding of how

people fall out of the workplace in the first place.   Mental illness can be genetic but it can also be a consequence of trauma or neglect. Often substances are used in an attempt to cope which can often then lead to addiction, worsening mental health and homelessness. Easy access to residential and outpatient care that can address the myriad of experiences that have led a person to feeling so disconnected must be looked at as an option. The placing of all mental health patients into the medicalised hospital system means that only the worst of the worst get a bed. As soon as they are deemed ""no longer a danger to themselves or others"" they are discharged. "

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

"From 2008 to 2018 I lived and worked in Daylesford, a rural community. It is a low socio-economic area. Once people had exhausted their 10 free visits to a psychologist they could not afford to pay their own way. They also had to be on a waiting list to see the health centre psychologists as the others in town charged over the basic fee and many people struggled with paying the gap. If the same person had a heart condition they would not be treated in the same way. No doctor would restrict their treatment to a certain number of consultations regardless of their symptoms. Mental and dental health are somehow seen as different to physical health in our society. This could be fixed by Medicare covering all parts of our bodies instead of from the neck down as if our minds (and teeth) were somehow unrelated to our overall general health."

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

I was offered group sessions with other families. I was also included in sessions with my son if he did not object. I did not feel neglected or under-informed. Rather It was my son's inability to access residential care when he needed it that was the problem.

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

"Like teachers they need to be better rewarded for their work. They also need to feel valued in the community. Most importantly though is the type of person doing the job. Empathy is hard to teach but empathy and the ability to engage with another person are essential skills in the field of mental health. Connection between people is what allows growth and learning to happen. A strong foundation of theoretical knowledge is a given, but the secret ingredient is that the workers in this field actually like and respect their clients. The work is creative. Good mental health is about connection to community and focusing on connection should be the foundation of how workers interact with those who are struggling at this point in their lives."

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?

For those in rural and remote areas transport is a huge barrier to accessing services. Higher education and job opportunities are out of reach for those without private transport. Whenever diploma courses are offered at the local neighbourhood centre they are extremely popular. I have seen many former clients successfully complete these courses in a familiar and accessible environment and go on to be employed in Aged and Welfare Services. Rural folk can feel intimidated in larger regional settings. Bringing more services into the community seems to be a

winning strategy that needs to be expanded.

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?

"Resources redirected into smaller wrap around care centres which offer both residential and outreach services that are not part of the current psychiatric wards. The psych wards should be reserved for the patients who need high levels of medication to control their symptoms like those with schizophrenia or bi-polar disorders. Proper remuneration for those who work at the coalface. Recruiting of those who have the right temperament as well as the requisite training. Without empathy and engagement skills people drift off after their acute phase is over. Follow up is needed for all patients .Group work, counselling and mentoring options should be offered for all of those leaving care."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Access should be free and universal and come under Medicare. All States should be demanding this. Money spent on providing access to early intervention should be considered as an investment, not a drain on the public purse.   Prevention should start earlier. Schools and parents know which young people are not coping. Support should be provided in the home with parents, young people and the school counsellors involved along with mental health professionals. No-one should be falling through the net in these vital years. Look to the Scandinavian countries for ideas.
"

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

Thank you for the opportunity to have my say. When my son died 11 years ago I did not have the ability to do anything except survive each day. I was so angry with the ▉▉▉▉ Hospital for refusing him admission after his girlfriend had hung herself but I did not know what to do with this anger. ▉▉▉▉ had bi-polar disorder so he took ▉▉▉▉▉▉ to induce psychosis. In this way he was guaranteed a hospital admission!   WHAT SORT OF A SYSTEM ENCOURAGES ▉▉▉ ▉▉▉▉ TO GET ADMISSION FOR SUICIDAL GRIEF? THIRTEEN WEEKS AFTER HIS GIRLFRIEND DIED HE ▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉ AND DIED. HE WAS 23.