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

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Picture two of the overlapping rings of the Olympic symbol. One ring is Physical Health, the other Mental Health. We need to be in the overlapping area of the 2 rings for our well-being. Could this be a promotional symbol (Venn diagram) that never separates the two (physical from mental health) in discussion of well-being, thereby removing the stigma of mental ill-health created by its isolation."

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?
" The CAT(T) team concept is valuable but its crisis intervention nature puts it as a last resort for families struggling with a mentally unwell member. The unwell party may be at no risk to anyone but if not agreeable to hospital treatment can end up being 'carted off' by the police to the area's psychiatric holding ward. Compare this with a Paediatric illness: one can present the patient to the world-class Royal Children's Hospital. With cancer-related illness one has Peter McCallum. For a psychiatric illness there is no world-class Hospital where state of the art treatment is offered & research into new treatment is at the forefront. The old institutions were rightly decommissioned. However, there remains a lack of state of the art purpose-built facilities for acute mental illness treatment. One family member was among the 20% who suffer a postpartum mental illness requiring hospitalisation. She was separated from her breast-fed 14 week old baby for 3 weeks due to the lack of mother-baby unit facilities. That placed significant added stress on the mother & the family trying to work around this issue.   The formal teaching of 'life skills' within the Secondary curriculum in preparation for the stresses of modern Western living is increasing in significance as working-parent families become the norm."

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

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.
N/A

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

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

"A big problem with mental illness is that often the sufferer has no insight into their issue. The family can be seen as the enemy rather than the givers of the vital everyday support they need to get through the day. The family are arguably in the best position to gauge how the patient is travelling & can pick up trending early on. Family members can feel excluded from the treatment, especially if they are 'forbidden' by the patient. 'I am fine & I don't need your help. I have a treating psychiatrist(s)'. It would be advantageous in our situation if it was mandated that one of the family had to be kept in the picture all the time. Such a mandate would need to be applied in both public & private treatment regimens. The issue of medication & compliance can be difficult without one of the support people knowing what has been prescribed."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Recruit, train & retain our brightest by developing a career structure that is not arduous & can be practised in state of the art facilities over a normal working week."

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?
N/A

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?
N/A

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

Is there anything else you would like to share with the Royal Commission?
"The system can make or break one's attempts to get voluntary help for a person who is mentally unwell. Here is an outline of my experience: The family member is 12 weeks postpartum & exhibiting psychotic symptoms. I call PANDA for assistance. This National body says it is closed for Melbourne Cup Day! It suggests calling other organisation(s) for assistance, one is Lifeline. The patient is encouraged & finally agrees to call that number. A conversation does not ensue as the service answers as ""Suicide Prevention Service"" & the patient hangs up declaring that they are not suicidal. The voluntary window closed at that point & the patient was committed by CATT 12 days later requiring a police escort from home. The family was & continues to be blamed for the forced hospitalisation. We will have to live with that but an integrated acute health system, including the Public & Private pathway options, could have avoided forced Hospitalisation into a facility that did not cater mother-baby admissions. The Public_-Private integration of acute mental health service options is important if the voluntary option for treatment is to be readily available. The family & patient would view this as preferable to involuntary commitment. This would require a private mental care stream to be available even if presentation is after-hours."