# 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?**
"A willingness to speak about mental illness and its impact on the person and families. From my experience when our family member was diagnosed with a serious mental illness our family was open to friends and the community about the situation. I was genuinely surprised how many other people had also experienced mental illness in their close families with many still struggling, but no one knew.  The relief you saw on thiers faces when they could talk about their difficulites was both encouraging and worrying. It was sad that they had been carrying this burden alone as a family for so long.  So education and an atomsphere of permission to talk about mental health is essential. While it is improving I still have friends talking to me but asking me to keep the problem very private. While in one level their desire for privacy is understandable on another level I see they do not trust the reactions of people if it is disclosed.  Education on how to help practically with a friend experiencing or caring for someone with a mental illness. Simple things like how to listen to them (you definitely can't solve the problem!) and practical help as required with not questions asked. In my case my church community offered regular words of encouragement and prayers for our situation. It was definitely a great support to know people were thinking of you.  "

**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?**
"As my experience of mental illness started with a very serious situation before we knew about it prevention would have been great.  Upon reflection there were people around our family member who knew they were struggling and that they were hiding it from family and friends who should have contacted us as primary carers or other professionals, especially as they were under 18. This is especially so in the school situation where it seemed the privacy of the student prevented the school counselor from talking to us and allowing any early intervention to take place. We to this day wonder if the outcome would have been better if only early intervention had taken place. As soon as we got into the mental health system itself we realised what a poor practice this was. Privacy has its limits and for a person displaying signs of mental illnesss too much privacy can mean a worse outcome for that person.  They are not always in a good position to make the necessary judgements about who should know about their situation and care for them. One of my most frustrating experiences was when a CAT team visited after my child's suicide attempt and gave absolutely no feedback or interaction between them and myself as carer. Not even an encouraging word of support for the efforts and stress the family was experiencing in trying to keep our loved one alive!  "

**What is already working well and what can be done better to prevent suicide?**
Haven't seen much working well sorry and as far as prevention no easier answer.  A more holistic approach to life including purpose and meaning from a spiritual perspective is a definite way to

build a culture of prevention.

**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.**
"There is a vast division between the medical side of treatment and mental health treatment. As our family member had both physical and mental issues there were a number of times where their physcial health care was compromised by assumptions about their mental health.  Including not being treated for a stomach ulcer as it was decided the stomach pains were anxiety by the medical health field!! It was only when we saw our medical specialist with a strong mental illness training background identified the problem. There were doctors who would only talk to me as carer and not the patient, not great for anyones mental health. There is no easy solution here though as sometimes it was better that I made the treatment decisions as the patient was too mentally unwell to make them.   With our fragmented medical health system possible a few easy guidelines would help.  The role of the GP in coordinating this could be greatly improved. Access and time are the main constraints on this. GP appointments are not really long enough to go through the complicated files of people with mental health and associated health problems.  They need to time to follow up and access to the resources needed to allow them to help their patients as they should.  Like lists of available psychiatrists or psychologists.  Medical specialists are easy for GP's not however mental health specialists from my experience. "

**What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**
definitely lack of appropriate care and access to psychiatrists!  Having to put an application into a psychiatrist to receive care outside of hospital situation is so difficult.  Having to find one that is taking patients and then willing to see you with your type of problem.  This is problem in all communities not just some.   Sadly as well I am yet to meet someone who has experienced a good recover from the public mental health system.  It is so poorly funded and lacks the necessary tools to be anything other than reactionary in their treatment of someone.  We were experienced both and it was only in the private system that a path for recovery was found and achieved.  More funding for good doctors and nurses and resources are desparately needed!!

**What are the needs of family members and carers and what can be done better to support them?**
An easier way of navigating the mental health system would be a start.  Psychiatrists are very hard to find and often difficult to deal them.  Not that I envy their job. Knowing how to access the system and the supports available early on would be great. Contact with a person who has been through what you have and knows what to expect.  With mental illness it is not like broken leg or even other chronic medical illnesses. There are not objective means to judge the illness or how long the person my experince the symptoms.  In our situation with an eating disorder and major depression a one on one support person would have been wonderful.  For carers of serious mental illness sufferers this would be a huge benefit.

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**
More funds for research and training so that people can see a future where mental illness can be appropriately treated according the what is not functioning in the brain correctly.  Currently I feel

like mental health is where medically treatment was before antibiotics.  Lets try this and that until we find what might help.

**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?**
In an ideal mental health system a suffer or carer would be able to find a psychiatrist without having to put in multiple written applications to try and find one doctor who can take them on!

**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?**
"We as a family are 5 years down the track and our family member has achieved a good recovery. This is despite us being told recovery was very really not likely.  We were fortunate that we had the financial ability to fund a great deal of treatment. To the tune of something like $10,000 a year for a few years and that was with private health cover. Our family member needed intensive care a number of times and in those instances we need to access the public system. Sadly they were the only young person in Acute Care not suffering from drugs.  Unfortunately they now has PTSD from their experiences in the Acute care areas. When a person is in acute care in the mental health system they are extremely vulnerable due to the mix of people in their and the inability of the staff to be able to control situations effectively.  I do not blame the nurses as they put their lives on the line in their care. However they are unable to restrain and control people effectively and when someone becomes violent they must retreat. Sadly that leaves the other patients vulnerable to either attack or witness to this violence. There must be a  better balance between safety and restraint. "