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

Organisation Name

N/A

Name

Anonymous

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

"Melbourne has less stigma attached to mental health problems than country Victoria. When I lived in Hamilton, Victoria previously there were a few suicides per year. Usually related to guns or cliffs. There did not seem to be an understanding that you could be unwell but functional. The workplace was smaller and less supportive. It was harder for them to make allowances for some employees as it put a greater strain on healthy employees. There was a perception that you needed to be tough and stick it out. That to show weakness was wrong. That if you're not coping, it's because you're defective. And that medication is bad. I suggest that country areas have more resources allocated to mental health. If people could get help with smaller problems, then admitting to larger ones wouldn't be such a problem."

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?

"Some GPs are really good. Some are awful. So as a financially stable (but single) income, I have the ability to pay a great GP who is available the same day I need help and we have found a great psychiatrist who I see weekly. And my psychiatrist has the ability to put me into a private hospital if required. And my health insurance pay out if I'm admitted. So that works. My workplace is being very supportive and have put measures in place to adjust my load slightly to help me keep my job. They've gone above and beyond what my doctors and I asked. The Medicare safety net is great. I manage to reach it by Feb/March at the moment. I'd love to be healthier than that. It means that although the start of the year is mega-expensive, it settles down after that. And it still costs me money on a weekly basis, but it's affordable because I prioritize it. If I had less income or the safety net wasn't there ... it would be much harder."

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

"The Crisis Line through the Alfred Hospital is great. When you're really in trouble, you can get through to them and they actually help. My psychiatrist has an email address. He's not checking it 24/7, but knowing that I can reach out and contact him makes a huge difference. I feel less alone. And more like someone will help. That there is a reason to just keep going one more day. I have two part-time GPs [in the same practice] and between the two of them, I can usually get in the same day if I'm upset and/or have a crisis. At one point I was visiting them 4-5 days a week. Which seems excessive, but I needed it. And it kept me out of hospital. Having access to valium also helps (through prescription). My first psychiatrist told me to take valium until help was available (eg. through the weekend until Monday morning) and I've found that really helpful. If I can get through the immediate crisis, then help will be available in the morning. I find ███████ fairly pointless. Not only do you have to wait for ages, but you get unprofessional help and they just don't understand and make you feel worse. Once or twice they have been helpful, but mostly they

have just been a waste of time."

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.

"My mental health deteriorated when I lost contact with family and didn't have the energy or ability to make new friends. (That's an oversimplification.) So really more groups of like-minded people that meet long term would be good. Like, I did a meditation course but it only lasted 6 weeks. And then all my new-found friends were gone again. I tried netball, but people wanted to take it too seriously and not talk or socialise.   When I got out of hospital, I suggested to my psychiatrist some of the out-patient services but it required a day off work per week, and she said it wouldn't help me. I'm not sure why. I tried to find groups I could join but I couldn't find any. It is hard for GPs and patients to work together to find a good psychiatrist. I know the Australian and NZ website has a list of practitioners, but largely finding a good therapist is done by word of mouth. It's who you know, and who you have heard of. Many psychiatrists do not take on new patients as they are full or already over worked. I tried the home-service from the psychiatric hospital where they visited each week. That was pointless. He just wanted to fill in his paperwork. And wasn't actually interested in helping me connect with the community or eating proper meals. It was a big jump from full hospital care to returning home and living alone again and looking after myself. I wished I could join the hospital again for evening meals and perhaps an hour or two in the common room. Or even a few of their seminars once a week in the afternoon."

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

"I lived in Hamilton, country Victoria. One of the key reasons I moved to Melbourne was to look after my mental health. To see a GP, you had to book about 2 weeks in advance. GPs did not feel comfortable discussing mental health. Any mention of feeling remotely suicidal was met with the assumption that you should be immediately hospitalised (a severe over-reaction). GPs did not feel comfortable prescribing medication for mental health (either antidepressants or valium). There were 2-3 private psychologists. I stopped going to mine after I discovered she did not believe in confidentiality and would talk to my work and friends if she chose to. There were no psychiatrists. To see a psychiatrist, I tried to travel to Ballarat. About two hours away. I believe there were some in Warrnambool. There hours of business made it difficult to travel to see them on a regular basis and keep my job. I didn't feel seeing anyone locally would be confidential after my initial experience. And how small the community was. And knowing that everyone knew everyone else.   Eventually I started using Skype with a Melbourne psychiatrist that I had previously met. That worked. But it was better when I was able to see him in person. I think seeing him every month or so and Skype visits between would have worked. It was hard not having access to GPs. And that ground-level support."

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

I cannot comment on this. My family members have not been supportive.

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

"I think you'd need to ask them, but I would think that more PD. More peer support. And regular

visits to central hubs like Ballarat or Melbourne to talk and reflect. And a promise of long term financial support."

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?
"The workplaces I experienced were too narrow minded to consider themselves ""charities"" for not employing the best person available (someone who did not come with baggage).   They were also too small to make workplace accommodations for someone to enable a little flexibility in their workload without over-burdening other staff members. A clearer mandate for workplaces to not discriminate and to be more flexible with their working conditions. I know of one workplace that made all part-time staff take the same day off each week [Fridays] to allow one staff member to have long weekends whereas other staff who were unwell would have been better off having a mid-week day off to break up their working week."

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?
"More GPs for rural areas.   A list of psychiatrists who are willing to take on new clients. More availability of Skype therapy consultations. More coordination between Skype psychiatry consultations and GPs. Allow patients to see psychologists long-term rather than for 6-12 sessions/year in country areas. Having mental health nurses available in country areas.' Having a phone line manned by mental health nurses and/or social workers that GPs can refer clients to if they are in trouble (to off-set the difficulties of ▮▮▮▮▮▮) like the Alfred Hospital. Educating GPs that mental health is part of their remit. [Even in Melbourne in my lovely clinic, I've had GPs tell me that they're not there to help with stress and if I still have problems after 6 months or a year, then I'm not doing the right thing.]"

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Change GP educators to include mental health units of care. Add a mental health nurse phone line or phone system. Legislate for employers to be flexible if possible to allow for appointments etc.

Is there anything else you would like to share with the Royal Commission?
"A few years ago I went to my employer and said I wasn't coping and that I needed to quit. I was very fortunate that my boss refused to listen, and implemented workplace adjustments and kept me on in my job. My boss was disappointed that I continued to deteriorate throughout the year, but between boss/HR, my GP, psychiatrist, the union and myself, we survived the year. When things finally started to improve after hitting rock bottom (a month in a psychiatric hospital for depression), the workplace has continued to be supportive. I believe if he had accepted my resignation, I'm pretty sure it would have been impossible to find another workplace at the time in my condition. And I've needed the support from boss/HR as well as my friendly colleagues. I came very close to being unemployed with a mental illness. And having a mortgage. I can't imagine how life would have turned out. But very different. So far the journey has been about 3 years and the workplace is still supportive. I love that they're being patient and I feel unbelievably lucky. "