

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

Submission. 0002.0029.0367

Name

Anonymous

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

"- Make teaching around mental illness, ways of supporting someone with mental health issues and good management of mental health/coping strategies a major part of the secondary school curriculum - make access to mental health support a prominent and easy to access service in schools, universities and workplaces - this helps to make seeking support less onerous and secretive, which reduces discrimination - encourage mental health researchers -write regular articles in major newspaper - fund the arts industry to produce plays/TV shows etc aimed at a realistic portrayal of mental health struggles - not just ""dark"" and depressing shows about psychopaths or suicide (which is dramatic and so on, but does not portray the range of mental illness and for the most part does not show successful recovery from mental illness) - make it easier for people who have had mental illness in the past and want to get back into work or study to be supported and helped along - provide training to people in the teaching profession across the board (primary, secondary, tertiary) to be able to identify distress in students and to know how to offer support - much more support for GPs to know how to handle a difficult situation with a distressed patient; resources for GPs to have a range of services to refer to."

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?

"- At present, all I can see working well is sessions with private psychologists who tend to be expensive, however, I do think the mental health treatment plans done by GPs and which cover some of the costs for up to 10 sessions a year are very good -I'd say an extension of those 10 sessions to more sessions available and better referral services at GP clinics to a range of services such as ""beyond blue"" and ""headspace"" ""casa"", etc, would link people in more readily - part of the problem of people with mental illness accessing services is often the shame a person feels at ""not coping"" and the lack of energy and clear thinking that goes with being depressed and anxious or other conditions; - so it is essential that when someone does manage to go to a doctor, they are given comprehensive referrals and support on the spot; - the GP then needs to manage the process, as often, a depressed person will just give up easily (again, the distress of being unwell often takes away the ability to navigate bureaucracy and to advocate for oneself). "

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

"- I don't think that things are working well in the suicide prevention realm - A person considering suicide is in despair and does not see a way out, and they are certainly not in a space to think clearly and rationally. The most important thing is the speed at which services, family, friends and the health care professionals respond to the emotional need to be supported and given love and attention at such a time; if a suicidal person is not listened to, not taken seriously and dismissed, this is the worst that can happen; too often, suicidal people are on their own because the barriers

to making a connection with others have become too high -So, I think that health care professionals and other professionals who deal with the general public in a teaching and advocacy role need to be trained to prioritise giving attention and support to someone who speaks of suicidal feelings; even if the person does not intend to carry out a suicide plan, having such thoughts is highly distressing in itself; therefore, it is essential that an indication of such thoughts and feelings never be dismissed and that they are a sign that the person requires immediate care and support - in conclusion: again, every professional who is likely to come into contact with someone requiring high level support needs to have a clear and streamlined and well resourced process at hand as to how to link the person into the support services they need quickly; and those services need to be available and well resourced. "

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.

"- Mental illness does not "fall from the sky" as an entirely unpredictable affliction which has no causative factors; human beings broadly are in need of: connection with significant others who provide mutual support, safety (from abuse, from physical hurt, from the elements, from poverty, etc), a sense of belonging (geographically and in terms of a "place in the world/in society), ability to have and enjoy a sense of cultural identity, meaning (this includes many things, such as a sense of purpose and being needed/useful but for some also religion and spirituality), a sense of efficacy (ability to provide for oneself and for one's loved ones, ability to act to protect oneself, ability to operate in the world) as opposed to the helplessness that comes with depression and mental illness, etc - we have gone through a period of unprecedented speed of change in terms of technology in the past 30 years and many economic certainties enjoyed by previous generations such as the baby boomers are no longer available to the younger generations; many people have been left behind economically and are experiencing the trauma of not being able to find work and participate in society in meaningful ways (both people in mid-life and young people); this economic problem produces poor mental health outcomes, as "safety", "efficacy", "identity", "meaning" and "connectedness" with others all hinge on a person's integration into the economy; if someone is experiencing domestic violence, is homeless, cannot find a job, is stuck and humiliated with Centrelink payments, is on the streets, then all the other human needs, as I have described them above, cannot be met either - therefore it is essential that mental health services be linked in with OTHER supports, such as social housing, the justice system (when abuse and violence are part of the problem), help with job search and occupational therapy; it is no good to put someone on psychiatric medication or tranquilisers and then send them back to a violent home or back to the streets or back to whatever situation caused them to become unwell in the first place - I think it is essential to stop thinking of mental illness as just a middle class problem; it affects everyone at all levels of society; economic inequality is a huge problem in our society anyway and a huge driver of the rates of mental health issues, but this inequality also shows up in terms of access to mental health supports and the way the mental health system tends to treat patients out of context and in isolation from the rest of their lives - services have to be linked and mental health should be treated as a "whole person" approach "

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

"- Again, I believe that this comes back to socio-economic factors and to trauma - indigenous communities experience inter-generational trauma due to having undergone colonialism and all its

attendant traumas for generations; the only way to address this is to work WITH indigenous communities and their elders and to ASK what the community wants, rather than treating indigenous people as being in need of "reform" and enforced guidance - with lower socio-economic situations in general, again, when there is little access to good education, prospects, work and services, then communities will suffer, as their members will not enjoy a sense of hope and optimism and belonging - it starts with education, the availability of services in schools, such as counseling, careers counseling, guidance and support - it continues with access to higher education, a good, well funded job-search service - and community mental health service funding would also help; as well as resources for GPs and other doctors to refer to those services - also, legal aid and community services in general are very important, again, as mental health deterioration does not occur in isolation but in the context of other problems."

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

"- Family members and carers need to be INCLUDED in the treatment of the person, BUT ONLY those nominated by the patient - if someone is diagnosed with a condition, the family/carers needs to be educated as to what this means and what they can do to support the person living with the condition - counseling should be offered to those supporting someone with mental illness, as it is draining. "

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

"- It needs to be an attractive proposition, in terms of training, pay, professional development and on-the-job 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?

"- I feel that there are few opportunities at the moment; a person recovering from mental illness or living with it has to generally work things out themselves BUT - Big companies could be given incentives to give opportunities to someone with mental illness -On the job support could work, such as the easy availability of counseling and also pastoral care for some - The stigma has to be reduced; the more successful people can publicly speak about the struggles they may have had, the better. "

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?

"- FUNDING for existing services - Better integration of mental health services with accommodation and other social services - Easy and streamlined referral options for GPs, other doctors, schools, universities, employee welfare services - In the psychiatric system, for there to be ONE case worker to coordinate all the treatment - for the "punitive" and management aspect of the public health system to be changed to a recovery based model; too often, overworked psychiatric units short of funding just "park" patients on medication and there is a punitive aspect to the way patients who are not coping/have uncontrollable anxiety/traumatised are treated when staff are not coping themselves - mandatory reporting to police when patients disclose sexual abuse and assault; - this is essential, as often, a victim of extreme trauma such as child sex abuse is mis-read as having some major mental illness and medicated to the point they can no longer

express what has happened to them; this then means that the original trauma is not addressed/the person may be sent back into an unsafe situation whilst heavily sedated and unable to flee when further assaulted (as happened to me) - Training for doctors needs to place much more emphasis on the impacts of trauma and violence on health outcomes; this is especially relevant for psychiatrists. "

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

" Reliable funding from the government/planning certainty for services - political commitment to the changes that are implemented, otherwise we are constantly "re-inventing the wheel."

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

"- I am an immigrant from Germany; I was brought to Australia at the age of 15 by my parents - At the age of 14, whilst still living in Germany, I had been raped and otherwise sexually abused by my father over a period of months.