

Submission to the Victorian State Government Royal Commission into Mental Health

At Mental Health Tribunal Hearings that review Community Treatment Orders for people involuntarily medically treated for mental illness, the carer or family needs to be heard separately to the person with the mental illness, so that the carer's or family's safety and viewpoint are heard and assured. The view of the carer and/or family needs to be sought and heard in confidence as the person with the illness unfortunately is usually not thinking rationally about the evidence presented. The person with the illness should not have to give permission for the family or carer to be heard. At present the submission by the carer or family can be viewed and heard by the person with the illness and this can be very frightening to the carer or family and can cause further relationship, treatment and support problems for the person with the illness.

There needs to be built or provided decent permanent supported housing for people with severe mental illness where they can be supported and where they can live with dignity, assistance and safety for long periods or for their entire life. It is too much for families to be living with this challenge in the long run and it is not possible for aging carers or disadvantaged families to provide housing for relatives with severe and chronic mental illness. The entire society would benefit from this. The current Continuing Care Units (CCU's) need to provide permanent lifelong supported living - not just places for living for 1 to 2 years.

In the State Government Health Department Mental Health Clinics, in State Government Psychiatric Hospitals and Wards and in all Mental Health Support Agencies there needs to be a lot more trained staff supporting the clients as presently all doctors, psychiatrists, nurses, case managers and support co-ordinators and support workers are totally overworked and overloaded with clients. For example a mental health Case Manager at a State Government Mental Health Clinic has to manage up to 30 high level clients with severe mental illness. This is an impossible workload and impossible to deliver quality service to clients. Therefore there is a high turnover and burn out of Case Managers, Doctors, Nurses and all staff in the Mental Health Sector.

Services that support mental health clients need to work together more and be funded for this. There needs to be liaison and cross-working and cross supporting for mental health clients whereby the medical clinical team workers (case managers) and the support agency workers consult and work together to fully support a client. More paid hours need to be given for team work across the sector (eg NDIS could have a category of funding for this cross support.)

Psychiatric Units and Psychiatric Wards in State Government Hospitals need to have much more open space and grassy yards outside and pleasant areas so that patients have a much more pleasant and welcoming experience in hospital as the present Unit and Wards have a very depressing appearance and unpleasant feel to them.

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From [REDACTED]

Mother and Carer of an adult son who has long term Acute Treatment Resistance Paranoid Schizophrenia