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

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Name
Anonymous

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

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?
N/A

What is already working well and what can be done better to prevent suicide?
"Like with a hot air balloon, when too many connectors are removed a person will feel more easily removed from this life, and death by suicide will become a real option. No-one knows how many connectors to this life remain for another person, for some it is more than others, and how do you know when people are at their limit? Suicide prevention should focus on increasing and maintaining the connectors between people and this life, maintaining links to family, friends, and community, whatever is important to that person. Adequate services are required to keep people well, and not only to treat the very ill. See section 4 for notes about continuity of services at times of vulnerability. In the UK people without diagnosis could access 6 sessions of CBT over the phone in an effort to keep people well. This was in response to an increase in people reporting mental health issues in combination with a lack of services. "

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.
"I understand that funding requires periodic review however this review process disrupts continuity in organisations providing services and is disruptive to staff retention, which then becomes disruptive to service provision for those people seeking treatment. Patients receive a batch of sessions of talking therapy and then are required to request a re-referral from the GP for further intervention in order to access further intervention. Efforts are made by clinical staff to reduce the stress on the patient however there is still a stress in this process. The day before my friend died by suicide my friend told me that he'd been discharged from his counselling session. He was upset. Later his parents found a letter in his car which was a re-referral letter from the counsellor to the GP requesting further sessions. Can there be flexibility in the number of sessions used before a re-referral is required? This could give time for the funding process to be organised by the clinicians and not give distress to a patient. Does a patient in a vulnerable state need to be a part of this? Can the number of sessions include a few sessions with a family member/friend? If my friend's family had given information to the counsellor about how unwell he was, would the therapy provided have been more effective? I think so. How can the counsellor help a person without knowing the wider context of what is going on, and only know the information presented by the patient? Why is it that a child requires a responsible adult but once a person turns 18yo their

family is locked out of the treatment process due to privacy regardless of the vulnerability of that person's clinical presentation? Including the family in the treatment can be important to a positive outcome. "

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?
"It is important that family / friends provide information to the treating team about the patient (eg behaviours, sleeping patterns, alcohol use). Patients sometimes don't have insight so may portray themselves as coping better than they actually are. A pathway needs to be developed so counsellors can liaise with families with consent of the patient, and what to do with a vulnerable person who won't provide consent to liaise with the family. Often supports are available to families / friends after someone has made an attempt at suicide, but there is no equivalent service for people at risk of their first attempt. Why do we have until someone has made an active attempt when they are equally vulnerable immediately before hand? "

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

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?
Early intervention and opportunity for review by a known case worker. Relationships increase the connectivity. Working with a new clnician each time does not.

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 reform to ensure continuity of service at vulnerable periods Funding and a pathway to include family / friend input at times of vulnerability, so adults are not neglected. Proactive interventions for people becoming unwell to avoid progression to a severe condition which may have a lower likelihood of recovery. "

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?
N/A