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

SUB: 0002.0023.0097

Name
Anonymous

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Mainstream (primary and tertiary health organisations) health services, and staff, need to be educated about how to support someone with early signs of deteriorating mental health. Hospital staff in particular, play an important role in engaging with someone who is under physical and emotional stress. Too often, hospital clinicians lack the communication skills and resources to support a person at risk of self-harm, and their ignorance can perpetuate the feelings of stigma in a mentally unwell patient. This has long term effects on someone's recovery. Workplaces need to talk about mental health openly. This requires leadership and perhaps incentives for organisations to support their staff"

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?
"I think that the mental health care plan with medicare rebates for psychological support is great. This has allowed me to receive the support which has helped me the most. However, it should be expanded to include more sessions, as 10 sessions is not enough, especially for someone in acute crisis several times a year. It should be recurrent, given that the most preventable work is often done after the crisis is over. In order to really reach long term goals, I would need to be doing regular counselling rather that just an intense few sessions to get me through a crisis. It should also cover consultations with psychiatrists. The most effective psychiatrists are those who offer specialised counselling in addition to medical expertise. I believe that the hospital system needs to be resourced to support clinicians and other key hospital staff to take time to engage with carers and patients throughout their stay in hospital, in order to identify if they may need someone to talk to. Clinicians do not have to do counselling necessarily, but they should be consuting with psychologists or other social and mental support services. There is terrible coordination between hospitals and community health and mental health services, which leaves many people alone without support to navigate the system to find the support they need. Mental illness and mental health should be something that is as widely and openly discussed as other chronic illnesses. This requires leadership at a government level to address the social determinants of mental health. This includes housing, employment and education stress on lower and middle income individuals and families. Preventing homelessness needs to be a priority government policy. The mental health system also needs to be more easily accessible by individuals are most at risk."

What is already working well and what can be done better to prevent suicide?
"I think that Lifeline is a great service. However, when I have called they are often engaged and I can't get through. This suggests to me that services like these where people can make contact in their own time, need to be resourced better. It is the first support service listed in suicide prevention information resources, but if you can't get through you will not likely try again. This could mean life and death for someone. I think PANDA is also a fantastic service, again under

resourced. They helped me alot and were so professional. The CAT assessment process was one of the worst I have ever accessed myself or used for clients (I have also worked as a social worker and doctor). I cannot express stronglly enough that we really need to look at how our emergency services, both medical and mental health, are operating. I don't fully understand why the CAT team were so bad when I called them, but there needs to be an evaluation or review of this service. "

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.
"It is hard to know where to go for help. Most of us start with our GP, but depending on the relationship and the skills of the GP, you can end up even worse off. There needs to be a clear first point of call for anyone experiencing thoughts of self harm or low self worth. GP's need to be supported and trained to provide this first point of service contact, it's so important and many GP's are hopeless. They either minimise your experience or just talk about medication. I end up paying a lot of money to private GP's who an give a bit more time to get to know me, but this is not an option for many people. It is hard when life is so demanding and expensive, to find the things that will help you get by. There are so few free resources such as public space, quality exercise classes for low income people, concessions for public transport to help people get out to things that will help them. The switch to a digital world has made it harder for lonely people to have face to face positive interactions with other people which really makes things hard."

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

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

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?
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?
N/A

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

Thank you for considering my submission to the Royal Commission in Victoria's Mental Health System. I have responded to the questions outlined in the survey, addressing your Terms of Reference.

However, I also wish to include my own story as a kind of case study which I believe highlights some of the problems in Victoria's mental health service system. I think it highlights the lack of coordination between health and mental health services, lack of accountability by doctors and other health services when giving poor service and putting someone at risk.

I am a qualified doctor who has worked as a social worker and community development worker for 12 years in Victoria. I have a lot of experience navigating the health system for my clients, as well as myself. In both my professional and personal lives, however, I have experienced a lot of confusion and stress in accessing services, which has affected my mental health. I give you this background because, in a well-functioning system, someone with my background, should have found it relatively simple to get the appropriate support I required.

My submission is as an individual with a mental illness primarily, but my working experience of course affects my personal experience as a patient myself.

I am a mother of a three and half year old son who was born very premature (28 weeks gestation) in a public hospital. I went into labour and went to my GP who did not diagnose the labour and sent me home. My son received wonderful physical health care at the [redacted] Hospital, and I am so grateful that the neonatal ICU kept him alive. However, as a new mother suffering a traumatic birth and post-natal period which involved being separated from my baby for three months, my mental health needs were not adequately supported by hospital staff. I was physically exhausted by the demands of travelling, expressing breast milk, not being able to rest (there were no beds and sometimes no chairs for mothers), grieving and being separated from my baby. However, I was not approached directly by staff about my mental health.

There was no support group for mothers and parents. The only group we attended was about the needs of our babies. We were not asked how we were going or encouraged to share our stories to support each other. The focus was on the babies.. This lack of support for new mothers continued to be a theme of my postnatal period, when we went home after three months. The maternal child health nurses were not experienced with premature babies and put me in a mother's group with mothers of full term babies who were several months older than mine. This meant that, developmentally, they were much older than my child corrected for gestational age. The maternal child health nurses also did not use the corrected age when doing developmental checkups which meant that they were giving me the wrong information, which futher exacerbated my stress.

I told them that I was not feeling great and was stressed, to which I was told to relax, that my baby was normal, and I felt like my experience was invalidated.

I became depressed, only happy when with my baby, but crying a lot on my own when he was asleep, feeling very alone. I managed to see a psychologist under the Mental Health Care plan who was great. However, I continued to feel teary and angry and very alone. She suggested I had post natal depression and that I see my GP for medication. After a lot of thought, I approached my GP. He started me on a low dose antidepressant. After a few weeks he increased it to double the dose.

When I went back to him after about a month and not feeling any better, he told me to stop it and start a different one. I came off it in a few days, which was too quick for my body as I experienced extreme dizziness and nausea to the point where my husband had to take time off work to help me with the baby because the physical symptoms.

It was at this time that I contacted PANDA. I had a very bad day and called them expressing suicidal thoughts. They were wonderful and referred me to the CAT team that night as they were concerned for me. I got a call from a young social worker. I told her my experience and she told me that the service was not for people like me who were not that bad. It made me feel very invalidated and angry, not so much for me , but for how damaging that kind of attitude could have been. I knew better, I had my husband and my own knowledge that that was just a bad worker, but if I had been someone different with less resources and support, that kind of attitude from emergency services could have led me to take my life out of helplessness.

A while later, I was still not settled on the new medication which my GP started. I got a referral to the [redacted] Hospital psychiatric service. I wanted to see a psychiatrist my psychologist had recommended to sort out my medication. However, the triage nurse sent me to a different psychiatrist. When I saw this doctor, he did not ask me about my postnatal experience, even though it was in the referral letter. He asked me about my sex life instead. He told me that I did not have depression, I in fact had Obsessive Compulsive Disorder. He then told me to stop the antidepressant and prescribed me medication for OCD and psychosis. I did not follow his advice, and had wanted to do a formal complaint to the hospital, but I was so depressed, desperate and feeling like I didn't have the strength to do it. I had a baby to look after.

Through my psychologist I eventually found a great psychiatrist who manages my medication and provides counselling support. I later found out that there are psychiatrists and psychologists who have an interest in perinatal support. This specialisation of services should be something that is easy for patients to access. If I had known that there were professionals who could offer this specialised support I would have been linked in with the proper support for my medication and counselling much sooner. It took me 18 months to be on a dose of medication that was suitable. The lack of stabilisation of my mental health meant that I delayed looking for work for 2.5 years, which meant I was even more isolated.

I hope that my story can give your team an idea of the extent to which health and mental health services need to be better coordinated. I took a lot of initiative to get the proper care I needed, and it took me a long time and much suffering to get here. Imagine if you don't speak English ,are in a violent relationship or homeless on top of this? I think that changes to the system should be about coordination between mainstream and specialist services. This requires a long term outlook on how we can prevent suicide. There are social aspects that need to be addressed, and those services that support people socially, need to be connected better, and heard by health services so that individuals can easily call or walk into one service and be connected in with the right support.