

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

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

"We need to teach children in schools in an age appropriate way what happens when someone has a mental illness and what helps keep people mentally healthy such as connected relationships with others especially their friends and family, exercise, and healthy relationships so that they can incorporate that into their life and strengthen their mental resilience. It will hopefully enable children to recognise when another student at their school may be experiencing a mental health issue and encourage them to go and talk to them about what is going on with them instead of thinking that they are weird and teasing or ostracising them. Children express that they are mentally unwell in different ways to adults which we need to educate the public about so that we can pick up the signs and respond effectively. We need to teach teachers about what happens to a child's brain when they are stressed, overwhelmed or traumatised from what is happening in their life and what is the most effective thing to do with these children in a classroom setting as that is where children spend most of their weekday instead of just viewing that child as being naughty and a burden. We need to have a trained worker spend a few hours on the same day each week at every primary school in Victoria to talk to parents of children that have been disciplined twice such as being sent out of the classroom or with parents of children who are withdrawn. This is because it is often a sign that a child is not happy with what's going on at their home or that their mental health has declined. This will enable parents to learn what children need most to succeed such as eye contact with their parents, emotionally attuned parents and consistent boundaries which might sound simple but can often be forgotten about in the busy pace of our modern world. Teachers also need to be taught how trauma rewires a child's brain and how it affects their ability to learn language, to concentrate and to remember what they have been taught. Currently, teachers are required to report if a child has disclosed that they are being abused. However, teachers are not trained about the signs that indicate that a child is living in a home where their emotional and or physical needs are not being met and so many schools respond to a child's display that they are not happy by making kids sit in the corridor or suspending them. 1.5 children in every classroom in Australia has had some contact with child protection and teachers are often the only adult that a child interacts with outside of their family on a regular basis. If teachers are trained to understand that behaviour that is considered 'naughty' is often a reflection of what is happening in that child's life and the school has a trained worker who visits the school once a week and who can work with that family we can reduce the amount of children who live in homes where their emotional and physical needs are not being met and change it so that the parents learn how to meet their child's needs and prevent that child's mental health from continuing to decline. This will also help prevent children from entering the out-of-home care system which often has poor outcomes for children's emotional and mental health. We need to change how we describe, view and treat children who are often described as being naughty as this is their way of expressing that they are not feeling mentally and emotionally well and this is a stigma that really needs to be challenged and addressed in a new manner. Just as

the saying boys will be boys' is currently being challenged we need to challenge the way we explain children's expression that they are not feeling totally mentally well as kids will be kids' and viewing it as just part of their personality. We also need to educate the public that many people abuse drugs (including legal drugs such as alcohol) because they are trying to self-medicate when they have a mental illness. This will hopefully make it more acceptable to the voting public for governments to increase spending on effective drug rehabilitation as they would hopefully have empathy for why people undertake such destructive behaviours and understand that it is an effective approach in reducing the amount of people with mental illnesses and that it helps strengthen families and the community. "

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?

"Medicare subsidised counselling allows people to access private psychological therapy when they otherwise could not afford it but subsidising more sessions would pay for itself by helping to improve that person's mental health that has a flow on effect on the health of society and the economy. Requiring all laws and decisions made by the Victorian Government and all Victorian local councils to be assessed on how they will impact the things we know keep people mentally healthy will also help prevent people developing mental illnesses. This includes planning spaces so that people have green spaces near their homes and workplaces or gardens in their workplace, their ability to access affordable social activities, being able to exercise, being able to move freely in public spaces regardless of your physical ability, sexual identity, gender, age or race , having secure work that upholds your workplace and human rights, living in comfortable, secure and healthy homes, having access to stimulating education either at school, tertiary education facilities or community centres. All government policies and funding decisions effects our mental health so the focus of improving Victoria's mental health should not just focus on the mental health sector that exists to help people when their mental health has declined. "

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

"Campaigns and discussions in the media about mental health has made it more acceptable to ask someone if they are ok if they appear to be struggling mentally. However, we need to inform people about what to say when someone states that they aren't feeling great. This is to prevent people from accidentally invalidating the other person's feelings by the words that they use or the phrases that they say such as 'don't worry it could be worse' etc. It may sound like semantics but words are powerful and people can be put off from sharing with others how they are really feeling if they felt that other people responded in a way that invalidated their experience and did not get them emotionally. Teaching people to ask effective questions such as 'is everything worrying you or is it really one or two things' can help a person who is considering suicide realise that not everything in their life is stressing them out but that one or two issues are really bothering them. Once a person can realise which issues are causing them to feel the most stressed then they can start to think of small steps that they can take to address these issues so that they feel less overwhelmed, overburdened and hopeless. We also need to educate people about what are common signs that many people display when they are considering suicide so that others can ask them directly if they considering it and then arrange for them to receive psychological help even if they respond that they are fine. This is because some friends and family are relieved when someone they know who has been severely depressed becomes happy all of a sudden and they decrease their monitoring of them when in fact the person is happy because they have decided to suicide and they know that they will no longer have to be in pain. Even if a family member or

friend is educated on the signs that a person is seriously contemplating suicide and takes their loved one to a hospital for treatment that person is often discharged while they are still contemplating suicide and their family and friends are made responsible for ensuring that they do not suicide. This does not happen when people are physically unwell and yet a death from suicide is the same as a death from a heart attack etc. "

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.

"Being unable to afford therapy such as counselling, seeing different psychiatrists each day while a person is in a mental health facility, not enough places to treat children on an involuntary basis for severe psychosis when they have no insight into their condition and refuse to take their medication after they have been discharged especially if they have experienced severe and consistent abuse as a child and are living in a residential care home. Increasing funding for effective mental health inpatient facilities would help people access appropriate mental health treatment when they are acutely unwell and cannot get through it solely on the love and care of their family and friends. "

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

"The effect that abuse and trauma has on an adult and child's brain is poorly understood by people outside of psychological professions such as teachers, police, government policy makers, paediatricians that come into contact with people who have experienced this. Abuse is very common and we need to move away from assuming whether someone would of experienced it based on their appearance e.g. their race or their grooming standards e.g. if they look rough' or are flawlessly put together. 1.5 children in every classroom in Australia has had contact with child protection and teachers are not taught about how trauma rewires the brain and also how to help a child heal from trauma e.g. the PRACTISE and SMART principles that teachers can use with these children. Many teachers and paediatricians are not trained in how to spot the signs that a child is being emotionally, sexually or physically abused or deprived and instead deal with their symptoms such as a child being disruptive in class or withdrawn. Some paediatricians deal with the symptoms of an abused child such as being aggressive at school and being incontinent and do not release why especially when that child has a disability as well. These children experience terror at home and punishment at school, are often unable to form nurturing friendships and miss out on the benefits of these and then sometimes circulate in the out of home care system which all impacts on their mental health as a child and throughout their adult life. The focus on protecting children's privacy and anonymity in the out of home care system and the children and family court means that there is a lack of scrutiny on what happens to these children. In addition children are not in a position to be able advocate for what they need when a parent is not fulfilling their obligations and when they are old enough to do so often do not want to discuss their story with people who can make a difference to the experience of other children such as members of parliament or are homeless or in jail and are dealing with the immediate issues that those situations present. It surprises me that many Australians know how to say hello' and goodbye' in Italian, French and Chinese etc but do not know how to say these basic greetings in any Indigenous Australian language. Many people do not know what poison cousins' or moiti' mean and therefore do not understand or appreciate Indigenous culture and the impact of colonisation on it despite government policy being made about Indigenous people by non-Indigenous people.

We need to hold a Truth and Reconciliation Commission' so that we can hear what has happened to First Nations people since colonisation and heal from it and change our laws and culture to prevent discriminatory practices from occurring especially from a lack of cultural awareness. "

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

"Educating family members and carers on the importance of looking after their own self-care and how this can be incorporated into their day in small and cheap activities such as listening to soothing or stimulating music in the car will help prevent them from burning out and then having to deal with their own mental health problems. However, funding needs to be provided to enable carers to be able to access cheap activities that helps them maintain their enjoyment of life and their mental health. Some people refuse to see a doctor or psychologist and so are unable to be diagnosed with a mental health condition and therefore cannot access community-based services to treat them and so the burden of their care falls onto their loved ones. Family members often have to wait a few hours each day with their loved one for their psychiatrist's appointment when they are an inpatient at a mental health facility which can cause them to feel emotionally and physically drained. It also prevents them from getting things done in their own life and reduces the time they have to spend on their own self-care so set appointment times with the psychiatrist would prevent this. More beds are needed at mental health facilities as many people who are acutely unwell are often discharged home when their physical signs are stable e.g. after an overdose even when they have told the doctor that they intend to suicide. This then places the burden of their care onto their loved ones who do not have the training or resources to help them effectively and cannot physically stop them from going out of the house and potentially harming themselves. It also often requires the person's loved ones to take time off from work to ensure that the person is monitored so that they do not commit suicide which is very stressful for them can impacts them financially. We need to educate the public that people do not suicide because they are weak or selfish or that nothing could have been done to prevent a person from suiciding once they have made their mind up. This is to prevent people from saying this to those that have lost a loved one to suicide and also to help garner the public's support to increase spending on suicide prevention. We need to fund more drug rehabilitation facilities that are effective in getting people to reduce their drug intake and treat any mental illness that is underneath it so that family members do not have to try and manage all of the problems that their loved one is causing. We need to better deal with the effect that children and young people who are physically violent to their siblings and parents have on them. This is because it can cause those effected severe mental health problems and the issue is often not dealt with properly as the person committing the violence is under eighteen years of age as well as it being a topic that is not well understood. "

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

Provide staff with regular shifts so they can join sports clubs and other formal group activities and can accept invitations from friends and family to book holidays and other social gatherings months in advance instead of having to wait for their roster and then it being too late to book accommodation etc. Having irregular shift times often causes staff to only be able to participate in solo activities like going to the gym by yourself which reduces your chance to form strong connections outside of work that helps mental health staff deal with the stress of their job. Providing enough hours of work to prevent the worker from experiencing financial distress or feeling tired from working two or more jobs and long contracts so that they feel secure in their job.

Providing regular supervision where the employee feels safe to discuss matters and issues of their job that are concerning them. Having to discharge patients when they are not feeling mentally well and have stated that they intend to suicide can be distressing to many employees.

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?

"Properly fund all of the things that help people maintain their mental health such as lots of green spaces e.g. vertical gardens in offices, parks near homes and offices, secure work with decent wages so that people can manage their living expenses and apply for mortgages etc, educate children and adults about healthy relationships and how to spot if you or someone you know is being abused and how to help them, training teachers and paediatricians on how to spot if a child is being emotionally, sexually or physically abused or deprived and how to work with the parents, child protection workers and foster or kinship carers to help that child heal, more drug rehabilitation facilities to help people get off drugs and to treat any mental illness that is underlying their drug use, provide a few hours each week of in home support to every parent to do things like cleaning so that they save their energy for the care of their child as physical exhaustion can cause mental health issues and they do this in some European countries, change the name of Maternal and Child Health Centres' to Parent and Child Health Centres' so that it is inclusive of dads in heterosexual and homosexual relationships, have a Truth and Reconciliation Commission' to help understand and heal what has occurred to First Nations people since colonisation and train all mental care workers in Indigenous cultural safety. "

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

"Increase funding to provide enough beds to help treat people when they are acutely unwell and allow them to see the same psychologist and psychiatrist during their stay, have as much natural light and indoor plants as possible in mental health facilities to help ground people and reduce their stress and use therapy animals to help patients experience touch and comfort without the need to make conversation"

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

"Many people cannot comprehend that child abuse is as common as it is. The Victorian Treasury needs to realise that the money that they withdraw from one department has a knock-on effect on the budgets of other government departments. The Victorian Treasury needs to do a study to work out how much money they save by spending money on early interventions on children who have been abused versus how much it costs to spend money on reactive approaches once the child's trauma causes them to have unhealthy behaviours. Not spending money on intensive assistance to help parents who are at risk of having their children removed costs the Victorian Treasury a lot more through the money they spend on funding the DHHS and the legal system involved with managing children's cases in out-of-home-care as well as the mental health issues that it causes throughout that person's life. We need to increasing funding to work intensively with families that are abusing their children as these programs have been shown to be very effective in making

the parents stop their abuse and children do better when they are kept in the home of their biological parents if they are providing them with adequate care. Parents who have had their children removed from them also experience a noticeable decline in their mental and physical health but can make large improvements to their parenting when someone works with them intensively in their home and helps them address other issues that are causing them stress such as financial issues or drug use. The amount of money the government saves from this approach is huge and it prevents the start of many mental health issues that the mental health system has to deal with later on. We need to make it mandatory that any professional that works directly with children such as all early childhood, primary and secondary teachers and paediatricians learn about how abuse rewires the brain and the various symptoms that children can display when they are not being nurtured at home. There is a lack of research about childhood emotional neglect and deprivation which effects many adults who seek therapy. However, as it is a new area of research many people who professionally interact with children such as teachers and paediatricians are not detecting when the parents are doing this so the focus of their work is on the behaviour of the child and not the behaviour of the parents who are the cause of the child's unhealthy behaviour. If we knew more about emotional neglect and deprivation we could educate parents on how to best avoid it and what children really need to be emotionally and mentally successful. Victoria needs to make it mandatory that all suicides of people who have recently used domestic violence service providers be treated as a homicide until declared as a suicide by the coroner as some partners can make a murder appear to be a suicide. It should become mandatory for police officers to investigate if anyone who has been found dead in an apparent suicide has recently accessed a Victorian domestic violence service provider or hospital or GP for assistance with a domestic violence matter before the police leave the scene. This is because there are cases where the police have treated a death as a suspected suicide and not gathered much evidence from the scene or from the person who discovered the dead body. When the domestic violence service provider who had been recently working the person has heard about this and asked the police to treat the death as a homicide too much evidence has been lost. "