

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

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Name

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

"This is not a new concept - treat mental illness like an everyday, physical illness where seeking help and receiving treatment is a normal and natural part of life "

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 don't feel like anything is working well. There are individuals and some groups that acknowledge help is needed but cannot or won't work together to make it happen.

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

I am not equipped to answer this question. I believe the voluntary assisted dying legislation is a good start for many.

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.

"As with a previous response, the link between hospitals, services and emergency services such as police, would go a long way to assisting the prevention and treatment of mental illness for an individual. This lack of continuity of service creates so many barriers to those who need help. Either because they are tired of repeating the same thing to innumerable people and services they just fall out of the system and give up because to get to the same point of treatment as before is just too hard. And for those that do not acknowledge an illness is present, it can be a perfect hiding place because there is no trace in the system of past treatment, hospitalisation, arrests or problems. They get to carry on and create nuisance and distress because the family or friends have to keep proving this is an ongoing issue not a new one. "

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

"Victoria is a wide and diverse state. I have grown up and was educated in inner city Melbourne and watched more and more people on the street, clearly suffering mental illness, particularly with the closures mental hospital facilities in the 1990s. Increasing poverty, lack of housing and a growing population, these are evidently factors to complicating someone's mental health. Reduced government funding and a stagnant Newstart benefit rate are causing more harm than good. [REDACTED] and find similar problems, compounded by a lack of job opportunity and isolation. Most of all though, is a distinct lack and availability of health services in rural areas that are forcing people to abandon care altogether. This is a disgrace. Many patients have to travel long distances to receive any care at all, particularly in times of desperation, so to then force an ill person from a hospital bed in the middle of the night and put in a taxi to travel 100s of kms

home because they didn't express suicidal thoughts is just cruel. As a result of mental health services in Victoria being regionalised, not every town has access to care. People fall through the cracks and the cracks are getting wider. Whilst there is documented proof that Headspace works well, it does not work for everyone and does not apply to everyone. Young people under 14 years and older people between 24 and 45 seem to be suffering the biggest challenges and gaps in services, particularly in rural and regional communities. Treatment should not discriminate and it should not be limited to 10 sessions per year. For some, mental illness is for life, just like diabetes or breast cancer screening and prevention. [REDACTED]

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

"This is a major area of stress and distress for me as I have spent my life trying to help family members access services only to be ignored and dismissed by these services as irrelevant to the care of the patient. Let me explain: both my parents have mental illness, from depression to anxiety and other potential undiagnosed illnesses. My mother underwent shock therapy in the 1970s and 1980s and this left her irreversibly emotionally scarred. As a consequence, any acknowledgement that my younger sibling was suffering a mental illness (or more) was not forthcoming. No acknowledgement equals no treatment. As a result, my sibling has probably never been properly diagnosed, ignored any symptoms or behaviours and treatment is wholly rejected. This is despite numerous attempts over the last 30 years by myself and my older sibling in literally begging medical staff, nurses and sometimes police to help us to get real treatment for my sibling. The lack of respect for the family's plea for help is so discouraging and so detrimental to long term care. How should family members be better supported? Listen to them! [REDACTED]

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

"Mental health workers are undeniably working under stressful conditions. The shrinking funding pool is forcing workers to leave the space and so a shortage is inevitable. More funding which will support more resources to support workers is a no-brainer. Build good support and resources, the workers will come."

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 am not an expert in this area, but it is obvious to me that where a person suffering mental illness has good financial stability and a home, this adds to the sense of safety and encourages them to seek help. Where they know the help and treatment is available and constant, they are more likely to continue to participate. This safety can help provide confidence to participate in other community activities and jobs to help support their life in society."

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"It is such a big issue I sometimes feel I cannot see the forest for the trees. I simply hope for these 6 things: 1. mental illness is given high priority for funding and treatment services; 2. families and carers are not dismissed in their concerns as their intel is vital to learning about the individual.

Most families just want the best for their loved one; 3. Social housing and homelessness is addressed alongside the mental health issue; 4. Police should not be left to deal with mentally ill people - there should be well resourced Critical Assessment Teams at the ready to deal with need - not in a week's time or after you've called police. 5. Privacy issues and the rights of the individual should be seriously re-assessed and weighed up against the needs of the community and whether not addressing the individual's obvious need for treatment despite their refusal is going to cause more harm in the long run. 6. Every hospital should include a mental health ward with room for everyone and anyone, no matter the urgency of the illness. Why does someone have to threaten to harm another or themselves before they are taken seriously. Prevention is always a better option to cure. Always."

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

"Funding, funding, funding to hospital mental health wards, Headspace and eating disorder programs and better training for GPs. "

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

"It does not seem to matter how much we jump up and down begging for help, it doesn't matter how much my sibling is a nuisance and takes up resources pursuing bogus complaints and harrassing and slandering people, we are never taken seriously and always, without fail, told that nothing can be done until they do something to hurt themselves or another. To threaten to kill another does not seem to be enough. Denial and rejection from the patient is taken above any other testimony. It sometimes feels like nobody cares or can be bothered to help because it is too much work. Leaving vulnerable people to fend for themselves is a disaster waiting to happen. Bourke St massacre didn't happen in isolation. "