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

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"The number one difficulty with community understanding of mental health is the hidden nature of poor mental health. Individuals with devastating mental health issues (MDD, BPD and many others) may appear completely 'normal' to the casual observer. Also, community attitudes have traditionally demanded stoicism in the face of personal difficulty, especially for men. The generational view of mental illness as a form of malingering has not abated. A campaign of shining a light on mental illness might help to overcome this traditional stigma. Mental illness is real, as real as cancer or broken bones; but because it is less visible, suspicion remains. ""Shine a light"" on mental illness may help to improve awareness and acceptance of mental illness."

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?
"My personal experience is with BPD. Borderline Personality Disorder can appear to the casual observer as a constellation of character defects cognitive weakness, poor decision-making skills, lack of commitment, and many other similar observations are common. Children and adolescents who suffer from BPD traits are therefore often maligned not only in school but in the therapeutic community as well (Markham and Trower, 2003). Teachers are often the first responders to psychiatric emergencies in the adolescent population. I have experienced first-hand the poor understanding and helpless reactions of school staff to the emotional dysregulation of a BPD sufferer, a high school student struggling with BPD. I contend that the training of teachers should contain mandatory units of adolescent mental health education, with a particular focus on behavioural strategies for interacting with complex mental illness. BPD in particular can be masked by behaviours normally associated with adolescence. Punitive attitudes drive sufferers away from school and family; this underscores the need for early detection and diagnosis. Medicalisation of traits also has its downside. A nuanced approach is required."

What is already working well and what can be done better to prevent suicide?
"It takes a village to raise a child; it takes a village to save a child. Anything that can be done to strengthen community and family will, I believe, reduce suicide rates. Also, encouraging young people to talk openly about suicidal ideation is of paramount importance."

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.
"My number one concern is access to technology for children and adolescents: [redacted] This concern extends into the realm of online forums that educate young people in a variety of self-harm techniques. I believe that the genie can be put

back in the bottle. Legislation that criminalises the dissemination of dangerous content could be strengthened, and the definition of dangerous content is something that could be reconsidered with the help of expert input. For example, sites that instruct adolescents in techniques for promoting anorexia should attract serious punitive attention."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Lack of access to opportunities - for school, for work, for leisure - surely contributes to rates of substance abuse among young people. Young people are also disengaged. This is because they see their parents' generation as having failed to deal with the greatest moral problem of our time, climate change. Aspirations and goals are impossible to maintain when the future seems so bleak. Perhaps greater incentivizing of solutions - scholarships and rewards for excellence in the science of climate mitigation and alternative energy production could be one small step. I would add that the arts - the way we express ourselves about these urgent problems - should also be encouraged and supported at the level of government. "

What are the needs of family members and carers and what can be done better to support them?
"Siblings of children and adolescents with mental health issues need first tier support. Siblings face a variety of difficulties that require the support of experts. I believe this should be factored in to the planning for the care and support of the primary patient. Parents also face extreme stressors. Additional support for parents should also be a component of any primary care plan. Such support might include a more comprehensive carer relief program. I looked into carer support in relation to my child but was told none was available, due to the behavioural issues associated with BPD."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
I have no suggestions for this question

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 have no suggestions for this question

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?
The integration of mental health education into the education system is an urgent priority. Reducing the stigma and shame around poor mental health should be another priority. Examining the role of technology in the recent global decline of adolescent mental health should also be a priority.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Two things come to mind regarding the provision of mental health services. The first concerns the ratio of mental health triage services in public hospitals relative to the provision of non-mental health services. When accompanying my sick child, I have had to sleep on the floor of ED

countless times while waiting for psychiatric triage. Often a single psych triage nurse is assigned to an entire Emergency Department. Surely this ratio can be improved. Secondly, the approach of some non-psychiatric medical staff can be less than generous towards parents of BPD children and adolescents. One doctor treating my child in ED informed me that they would be contacting DHHS, the implication being that the child had been inadequately supervised leading up to her admission. This uninformed, punitive approach to parents who are already suffering (in my case, with my child's previous suicide attempts as well as self-mutilation and other behaviours) requires educational support of medical professionals who are less experienced in understanding and treating affective disorders."

Is there anything else you would like to share with the Royal Commission?
"My child first entered the mental health system when she was twelve. She has had numerous admissions, both emergency and long stay admissions to psychiatric facilities. One night, when she was still twelve, she was moved to the High Dependency Unit of the [redacted] mental health facilities at [redacted] I visited her the next day, as I always did. She had been in a small windowless cell, with the door open, for twelve hours. The door opened on to a lounge area with a supervising nurse. My child had not moved from her cell, because she wasn't told that she was allowed. She thought she was being punished for being unwell. That image, of my small child, more or less imprisoned, will be with me forever. It has stayed with her too. While I understand the need for High Dependency Units, this casual oversight on the part of staff (not telling her that she was free to move into the adjoining space) has become a defining image of her experience of hospital. I hope it never happens to anyone else's child."