

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

SUB. 0002.0030.0162

Name

Anonymous

What are your suggestions to improve the Victorian community's 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?

What can be done better: I have experienced many instances of AOD services Mental services failing their no wrong door obligations. Clients I have supported are often told they cannot access mental health services because their needs are AOD driven and vice versa.

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

"What can be done better: Waiting times to speak to psychiatric triage. As a mental health worker, I have frequently been on hold to psychiatric triage for 1-2 hours when calling to get help for a client who is reporting suicidal ideation. I cant imagine what this experience must be like for clients and carers who call this service only to be left on hold for this long in an acute moment of need. There is usually no indication of wait times given and on hold music is played rather than useful information being given to support carers or consumers who are listening for hours on end. "

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 stated above, the linkages between services. I have experienced many instances of AOD services Mental services failing their no wrong door obligations. Clients I have supported are often told they cannot access mental health services because their needs are AOD driven and vice versa. A similar handball occurs between disability and mental health services regularly. The NDIA and health services both try to push responsibility for for providing services off on each other under the guise of not replicating existing services. This leaves consumers disheartened and reduces their likelihood of accessing services. "

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

"Among many things, the lack of mental health training by healthcare workers is a large contributor. I would like to share part of the story of a client, who i will refer to as John for his privacy who passed away in 2016 at 34 years old. John had a longstanding diagnosis of autism and schizophrenia. He was then diagnosed with sarcoidosis and told he would need a lung transplant. His lung specialists were unable to communicate this need to him in a way that he was able to understand and process and would often cut appointments short unnecessarily if he presented symptoms of schizophrenia. John's decision not to have a lung transplant was a

contributing factor to his death."

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

"Family members and carers need education, peers support and hope. We benefit from respite which has been greatly reduced under the NDIS. "

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

"Proper peer worker models, including supervision, in line with what clinical professions such as psychologists receive. Peer workers are often not trained properly in how to share lived experience in a safe manner. They are often given token roles. There are also needs to be a better recognition and understanding of the role that people with a lived experience but that do not have a designated peer role bring. I and most of the people I have worked with in the industry fall into the category of non-designated carer or consumer peer"

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?

"Genuine no wrong door. Everyone claims they do it, few actually do. Bring back properly funded Mental health community support services. The way NDIS is currently funded, capacity building supports do not come close to the quality of services that people received under the old model. We are spending a fortune to give people worse outcomes in some cases."

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?

"I would like to share the other contributing factor to 'John's' death. Family abuse. As stated previously: 'John' (not his real name) passed away in 2016 at 34 years old. John had a longstanding diagnosis of autism and schizophrenia. He was then diagnosed with sarcoidosis and told he would need a lung transplant. His lung specialists were unable to communicate this need to him in a way that he was able to understand and process and would often cut appointments short unnecessarily if he presented symptoms of schizophrenia. John's decision not to have a lung transplant was a contributing factor to his death. At 33 John, who was already highly vulnerable from his diagnoses lost both his parents suddenly. At this key moment in his life he needed support and care to guide him through his battle with sarcoidosis. Due to next of kin laws, his uncle was considered his primary carer and became legal guardian and the sole beneficiary of his will. John's uncle however was abusive towards him, discouraging him from taking medication and eating food and discouraging him from getting a lung transplant. I believe John's uncle was only after his inheritance which included a million dollar house. I attempted to report this to the office of the public advocate and was told nothing could be done as John was an adult. John died 6 months

later despite initially been given a prognosis of up 3-10 years before needing a lung transplant."