

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

SUB: 0002.0026.0066

Name

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

"Educational programs at Primary and Secondary schools, for students, parents, students & parents will inform and hence reduce stigma and discrimination. Prior to that, educating future teachers during their training and employment should be high priority. Television programmes and advertisements have helped to raise awareness and should be encouraged and funded to continue."

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?

"Working well ? The system of care for those suffering with mental illness has improved over the last 21 yrs (since my daughter's first psychotic episode) but ""well"" is rather subjective and I don't think it can be described as such yet. Prevent - Minimise / Curb / Prevent - 2. Training for local G.P.'s to assist family / friends to facilitate early treatment for early concerns (general change in behaviour) or unexpected sudden concerns (psychotic episode). 1. Lifeline is a good start for discussion for a person or carer as it is anonymous. 3. People are scared that going to a G.P. will mean that they are breaching confidentiality and 'dobbing in' someone to being diagnosed as 'mentally ill'. Visiting a G.P. requires a person's name etc. Visiting a 'family' G.P. means it's easy for the doctor to figure out who is being discussed. It's difficult to keep the matter anonymous. 4. How do you persuade someone to see a therapist/counsellor/doctor when you believe that there are early symptoms of mental illness? The 'average' person does not know how to express concerns without putting the person offside. It is likely to be seen as criticism and so responded with anger and distrust. Back to Lifeline for ideas? Are there education programs for carers? "

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

"The CATT support is good, in theory. Unfortunately Some members have been incompetent and negligent! Here are examples that we experienced when my daughter lived in [REDACTED] Eg 2. The African accent of the visiting person was very difficult to understand and hindered conversation. Eg 3. Asking the consumer if she has been taking her medication without asking to see her meds, in containers or blister packs, to check. Then just accepting ""Yes"". Enquiries as to her well-being being so superficial they were useless. Eg 4. Not asking how about her impending court hearing eg how she is going to travel there?; does she want personal support on the day or as a follow-up?. Eg 5. Signing off the CATT service at midnight Easter Thursday, to be taken on by the Case Management service but not knowing who her Case manager would be and worse still... not telling us that they won't be available till Easter Tuesday! So the consumer was not being cared for on Friday, Saturday, Sunday, Monday. The court case was on the Tuesday! My daughter disappeared on the Sunday and my efforts to get assistance were futile. The CATT service and the Case Management and TRIAGE all claimed they were not the ones to help !!! Eg 1. Noone contacted me, her mother, to establish a liason. If suicide is to be prevented, the services need to

be better trained to notice the warning signs and impending difficult situations."

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.

"How can anyone ""answer"" this question as to what makes it ""hard"" to experience ""good mental health""? The obvious responses include a lack of a happy family and school environment, a physical or mental disability, a genetic predisposition to a mental illness. No matter how much our society 'educates' our people, there will be people who fall through the cracks and end up suicided or homeless. Nonetheless, as a society and as individuals we must not give up on mental illness - for the sake of people who are suffering - and for the sake of families, friends, society who are all impacted by this indiscriminate illness. As regards access to support, I have referred to early support in the 2nd question. Support subsequent to hospitalisation is not discussed and is delayed. The person is in the community eg at home for days / a fortnight before community support begins. The carer is alone and anxious. This is not at all helpful to recovery. There does not seem to be any overlap - in terms of information between services, nor the actual service. CATT, TRIAGE,PARC and Case Management are too quick to say it's the other service's duty."

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

N/A

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

"Family members and carers have to lead their own lives as well as supporting the person suffering from a mental illness. Most likely, it is the mother who takes on the overall load. Fathers are ""too busy"" at work or they disappear from the marriage. Extended family& friends go quiet because they don't know what to say. The outcome is that the main carer minimises / deletes paid work and social life. The main carer needs counselling support but that is not offered and is difficult to fit in with hospital visits and later with accompanying the person to appointments throughout each week - medical, dental, psychiatric, counselling, case management, support groups as well as trips to the chemist, supermarkets, general stores etc The carer is on a reduced income but now has extra expenses. In theory, the person should be on the Disability pension. If an application is successful, there is quite a time lag. The reality is that it is not granted because the Points system is based on physical not mental disabilities. My daughters application was refused each time over the years. Last year the application and then the appeal was again refused SO we applied to the Administrative Appeals Tribunal which caused us anxiety but our case was heard by a thorough Member AND his report recommended that Centre Link grant the Disability Pension. For 21 yrs I have struggled to care for my daughter without any offer of counselling and no financial help. Applications for Carer Payment or Allowance were futile."

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

"Case Managers should be suggesting this to people recovering from mental illness episodes, and even forwarding their names - with permission - to relevant organisations. "

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?

"The application for the Disability pension should be focused on BOTH physical and mental disabilities. There is only a tiny space allocated to the difficulties caused by a mental illness to the person trying to recover. The appointments to various specialists and the day-to-day shops (as explained above) don't rate much in terms of Points. Once a person is granted a Disability pension, they can resume some independence and regain some self-esteem. They can live in independent housing, care more for day-to-day needs, make social contacts, and qualify for Centre Link help to gain some employment. The person may even be able to work in the area of mental health because of their lived experience eg peer support work. The Carer also has a chance to regain an identity and independence (not easy to do though)"

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?

"People working in a psychiatric hospital should not make a police charge against someone for assault. The person is not of 'sound mind'. The staff should be better trained to prevent problems eg Do not open the external door to allow a visitor to enter when a patient is nearby (a patient who may well be in a hallucination experience). Have a double door arrangement. There should be more accountability from staff. Names of treating doctors, nurse unit manager, charge nurse should be given in writing / email to family. Notes should be available to family so FOI applications are not needed (a cumbersome and futile exercise as much is blocked out). Instead, notes should be discussed with the family to better inform them of proceedings."

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

"Refer to the previous question please: Accountability from staff, Better training of staff. Do not allow visitors without checking ID and whether they are permitted by the patient or nominated carer."

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

"For every person making a submission, there are many many people who do not feel they have the literary skills nor the emotional energy to write about their experiences. This submission involves revisiting painful memories. My computer skills on this submission are not good. I lost this page that I did last night! I have tried to make my comments clear but writing from the heart means it may be somewhat jumbled and I have not used the educated terminology. I appreciate the opportunity to express my concerns. I have also requested via a phonecall to have a copy of my submission emailed to me. Thankyou"