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

Organisation Name

N/A

SUB.0002.0027.0070 and 0065

Name

Anonymous

What are your suggestions to improve the Victorian communitys 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?

N/A

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

N/A

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.

"'- insufficient quality and affordable mental health workers - psychiatrists and psychologists - insufficient funding to sustain hospital / medical care resulting in under-servicing and premature discharge from hospital units, resulting in revolving door both rural and city public hospitals - lack of coordination within the hospital or mental health care system to provide holistic support to patients across all their needs - housing, welfare/financial, social support, medical, AOD, justice system, family support - barriers to quickly or easily access disability support payments and /or NDIS support - cost of medications (eg $5) vs cost of webster packs ($20 + per week) - cost prohibitive for those who most need help with dosage. - Racism - Closing the gap and ATSI services not applied to indigenous Australians who do not 'look aboriginal' - transport options -cost of public transport, lack of transport services, difficulty working out how to get to appointments ie insufficient capacity for outreach. - homelessness lack of or insufficient supported housing, lack of supported housing for dual diagnosis patients. "

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

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What are the needs of family members and carers and what can be done better to support them?
"'- involvement in family meetings and consultation. - understanding the rights of family/carers vs rights of patients, processes and options to be able to help when mental health act gives so much power back to the patient - patient can get out of hospital early without appropriate supports, but family/carers have to bear the burden when they are discharged without support. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
'- appropriate salary to match the private sector - higher staffing levels to prevent requests for overtime/double shifts etc - enforceable leave provisions - active welfare/staff support programs

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?
(see page 3, SUB.0002.0027.0065)

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?
"My son has been a patient at both rural and city hospital mental health units 5 times in the past 3 years. All have the same deficiencies as mentioned above, resulting in premature discharge and resultant lack of community support. Little contact with family unless demanded, resulting in clinical information based on voice of patient only. Lack of transparency between hospitals - poor record keeping, no common database or prompt sharing of information - many times when calling the hospital or attending a mental health tribunal, as parents we have been asked what medication works or what medication was he prescribed previously - this should be on medical records. Re-telling the same stories. Asking for social worker or aboriginal liaison to work with patient but they don't consult with family to understand what he needs eg financials/centrelink/fines/housing, or we tell the story of what he needs but nobody does anything, or they let the patient say he will be 'fine' 'will sort it himself' when suffering mental illness they clearly do not have capacity to do so. My son has been discharged to homelessness on at least 3 occasions despite us advising hospital he has nowhere to go, and him saying he has, and then he immediately starts the circuit of calling on family or friends who he has already previously outworn the welcome but he cannot remember due to the mental illness. Last admission we asked for family consultation and advice of tribunal hearing, was promised but then he was discharged to a motel in ▉▉▉▉ for 'the ▉▉▉▉ mental health outreach team' to visit him twice a day for a week. He was given a map to get to the motel. Of course he never got there, so his treatment was closed as he was 'disengaged'....he arrives on

the doorstep of family and friends still homeless and heightened/manic. Consequently our daughter, single mum of toddler trying to manage her own issues, is trying to manoeuvre her unwell brother through housing appointments (who are longwinded unhelpful processes) with no mental health support worker or team. If he was kept in hospital longer to become more stable and reasonable, services can be better set up and better exit planning with family and other supports. We cannot help due to past conflict with son and trying to manage our own issues with 14yo grand-niece in our care through DHHS system, and her complex mental health problems which is another matter in itself. As lay people we have no idea how the system works, there should be case workers to stay engaged with the family regardless if the patient goes walkabout, so that when he walks back in the front door we can get the case worker back in straight away to get him re-engaged with mental health and other services, not just back to square one with 000/triage. We took our grand-niece to psychiatrist $630 for a consultation, with a recommendation for Dialectical Behaviour Therapy for her complex PTSD from trauma, which is also expensive. Not covered by medicare. DHHS reluctant to pay for anything. DHHS blockers are incredible, say they will provide targeted care package and respite, but in reality there is no respite and no care package unless child (eventually) gets a disability NDIS package. Our grand-niece has intellectual disability as well, but no formal care package, no NDIS package despite being told this would happen over 12 mths ago - I take her to psychologist and psychiatrist and demand reimbursements (still waiting months later). School supports good. VACCA support good. Limited mental health support at █████████████████ - psychiatrist was very elderly and did not relate well, prescribed medication without proper diagnosis resulting in my niece becoming more mentally unwel████ld have enough funding and accountability to recruit quality mental health staff."

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?
SUB.0002.0027.0065-Anonymous
"'- increase number of psychologists and psychiatrists and mental health professionals and ancillary supports (social workers, housing support etc) in public systems (if using migrant sources, ensure English is sound). - increase supported housing options to include dual diagnosis - commensurate salary to private sector - enhance medicare provisions - number of allowable treatments, costs of specialists, medication. - adequately fund hospitals and make hospitals accountable - funding should not be amalgamated with other hospital services. - ensure holistic service to cover across all their needs is put in place as soon as hospitalised, not after discharge - mental health, housing, welfare/financial, social support, medical, AOD, justice system, family support"