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

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N/A

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

"Mental illness is one of the most misunderstood and underfunded disabilities and is often treated with contempt and contempt towards the inflicted person. It is the disability that can worsen over many years of neglect because no one takes it seriously and shuns those who suffer from the many torments of its symptoms. I feel mental illness needs to be recognized as a disability and treated as such. People with mental illness need to be treated as individuals and offered support and NDIS plans and packages to assist with having a complete and holistic care treatment, program and lifestyle consistent with all other disabilities. Homelessness should never be a symptom of mental illness, there shouldn't be people falling through the cracks and begging in the streets or sleeping in parks. Mentally ill people are discriminated against by our government bodies, people in general and by the non existing health aid and system because it is a diverse and multi faceted illness which is easily misunderstood. Educational programs for not only non sufferers but for everyone who is suffering from mental illness needs to be on the priority list as many people do not know the first step to assist a loved one in need of help when a mental psychosis occurs, more psychologists and psychiatrists and crisis experts and centers to be set up and funded properly not a clayton's response where immediate medical care and attention is not an option due to there being not enough beds in a facility or hospital. Nurses fully trained in suicide intervention and general practitioners, education in the connection between drug and alcohol abuse as self medicating rather than a person being disregarded and fobbed off as a loser.

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?

"Mental illness is a diverse and complicated multi structured health issue, we need a faster and immediate response to the earliest symptoms and stages of mental illness and especially in the areas of drug and alcohol induced psychosis. Earlier intervention when young men, which seems to be the population that is and could be using drugs and alcohol to self medicate undiagnosed symptoms of mental illnesses. We need more CAT teams, more crises intake facilities and facilities for rehabilitation centers. There are not enough trained personnel nor centers to cope with the ever increasing numbers of people who are suffering because they cannot even get properly diagnosed or treated."

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

"Suicide is an area where people are often not heard or treated seriously. I was a lifeline telephone counselor for 8 years and could counsel up to 8-10 suicide calls an evening, lifeline is a valuable resource and educator of the understanding and management of suicide and its prevention. All general practitioners, nurses, aged and disability support services and its workers, ambulance and firefighters, police, people who work in any area of people interaction medically or

in a protective area all could benefit from completing a suicide intervention course as it trains people to work with the suicidal persons with understanding and compassion and the end result is less people go ahead with the hopelessness of ending their lives. "

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 I stated above, the limited availability of immediate medical treatment and services is the most difficult part of caring for someone suffering from mental illness, especially if it has stemmed from drug or alcohol abuse or both. There are long waiting lists for rehabilitation centers, the stigmatization of mental illness which has been induced by the use of drugs and alcohol creates a resistance to being cared for quickly and at times with understanding and compassion, understanding that many times the mental illness existed long before the abuse commenced as self medicating. More education explaining the impact of mental illnesses not just for the sufferer but also the families, job lose and homelessness. Treating drug and alcohol addictions as a mental illness not always a choice."

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

"I experience on a daily basis what mental illness, undiagnosed and related to depression and drug abuse and induced drug psychosis every day with a loved one. The only reason he is not homeless is because I won't let him be. Mentally ill people need homes, jobs, understanding and the ability to be cared for the same as any disabled person. To be treated as a human being. Homelessness is not the answer, we all fall down and we all need a hand to stand up again. "

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

I as a caregiver for a mentally ill son would like more help for him as stated in the earlier points. If he was helped with rehabilitation and immediate response and treatments life would be a lot easier for me and my family.

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

"More trained personnel and also utilize the counselors who have expertise in the mentally ill sector but don't have a psychology degree yet have the means, life experience and knowledge to help and understand people with mental illness and especially those who suffer from drug and alcohol illnesses. Many counselors could have a provider Medicare number and offer an affordable service and treatment plan, yet are held back because people who don't or can't work can't afford to pay. The care system is inadequate because generally the psychologists that provide the Medicare free visit are text book ready but not life experienced or ill informed."

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 see very little support or recognition of the needs of mentally ill people especially connected to drug and alcohol abuse. Homelessness is increasing and suicides as well. We need to come to the realization that mental illness is a disability and it needs to be treated as such. Mentally ill

people need NDIS plans and packages, as it is a DISABILITY. "

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? "IMMEDIATE RESPONSE AT THE CRISIS AND CRITICAL STAGES, HOMELESSNESS PREVENTION, RECOGNITION THAT MENTAL ILLNESS IS A DISABILITY, COMPULSORY HOSPITALIZATION OF DRUG OR ALCOHOL INDUCED PSYCHOSIS PATIENTS, FREE SUICIDE PREVENTION AND INTERVENTION PROGRAMS, EDUCATION."

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

A free and better health care system for all People who live in AUSTRALIA. By accepting that mental illness is a disability whether it be short or long term opens up opportunities for SUFFERERS to be treated and cared for properly with integrity and respect honored.

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

"As a caregiver and support person of persons suffering from mental illnesses, I see how earlier interventions could make a vast impact and difference to the long term outcomes of individuals. I see how instead of offering counseling especially for aged people in facilities it is often addressed with medications and a blasa attitude and approach. Until all services are available and utilized, mental health will take a backward slide and homelessness and suicides will increase. Having a system that allows people to become homeless due to misdiagnoses or no diagnosis at all is not the answer, whether we like it or not, mental illnesses are increasing, health care needs to increase and most importantly, early intervention, education and a health care system that actually sees mental illness as an illness and at times a lifelong disability could be steps in the right direction."