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

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[redacted]

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Education at all levels. I've even felt stigma at the gp's office.

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?
"Just throw more money into it. More money towards training psychiatrists and psychologists. Pay private psychologists to bulk bill at risk people. Pay psychiatrists to diagnose people properly rather than leaving them living with mis-diagnosis by gps. More money into research into prevention and long term recovery. More money to art therapy programs, group therapy courses in mindfullness, cbt for people suffering from trauma and anxiety. Money to identify and provide sevices to at risk children before they are beyond help and to break the cycle of mulit-generational mental health issues. More money for psychiatric hospitals so that people are not turned away. More money to education and treatment for people with drug and alcohol problems. "

What is already working well and what can be done better to prevent suicide?
Nothing is working well. I feel that more resourses are needed. Pressure needs to be taken off the system so that more there is room to focus on long term treatment plans instead of revolving door emergency rooms and psych wards.

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.
People with mental health problems need to be advocated for.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Abuse and violence, lack of trauma care. Poor quality counseling for people in crisis. As I said, put more money into it. Re-prioritise the budget."

What are the needs of family members and carers and what can be done better to support them?
"Counseling, good quality counceling"

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
More resourses for those out on the front line

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?
There just aren't any

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?
More focus on practical long term solutions. Supporting small community groups and not applying one-size-fits-all solutions.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Support and educate the community qnd health care providers

Is there anything else you would like to share with the Royal Commission?
"From 2008 to 2011 I was in a defacto relationship with a man who was very mentally ill. He was diagnosed over and over again, dragged through the private and public health system with many hospital stays, pumped with anti-depressants, mood stabilizers and anti psychotic medications, and put through several drug and alcohol programs. None of his treatment seemed to focus on long term planning. The group councelling he attended in hospital often left him devestated and traumatised by stories of other patients. The courses he attended to learn coping skills were confusing and inconsistent. The only thing that ever showed any promise was an art therapy program run by a local community group. This program eventually lost funding. By 2011 he was catatonic and I was 24, unemployed and too scared to leave the house and go to tafe in case I'd come home and find him dead. I had to beg him to drink sustigen and I had to shower him. We lived in the lounge room in a share house that was falling down with 3 other people on disability pensions. We had no money and I had no support. He was in and out of [redacted] which we were only able to access because his father paid for his health insurance and the hospital were kind enough to waive the excess fees. He brain was being fried by the combination of ect and many medications. I had NO support and wound up with PTSD which was mis-diagnosed as major depression. He was attempting suicide every few weeks. One night he overdosed [redacted] and attempted to hang himself. He briefly stopped breathing. He was admitted to [redacted] and was left in short stay for 4 days because the hospital would not admit him into public care and the [redacted] wouldn't admit him because they didn't agree he was medically fit to leave [redacted]. The nurses kept telling me to go home but if I left nobody would advocate for him. I finally left one night to get sleep and the nurses found him completely disoriented and in the wrong bed. The next night the doctor ordered for him to be restrained so that I would agree to get rest. He died in September in a car accident. I did not receive any support. In 2012 I had a car accident while sleep walking after taking a sleeping tablet. I was driving my housemates car and it was uninsured. I was held responsible for the accident, [redacted] were unable to help me and I was forced into bankruptcy. I did not recieve any support. In 2016 my 30 year old brother was prescribed an introductory dose [redacted] for depression. No follow up was ever made by his gp and he remained on this dose whilst undergoing counseling. In 2017 he died from suicide during an anxiety attack. I did not receive any support. In 2018 I was told by my GP that my alcohol intake was dangerous and my alcohol tolerance suggested that I was addicted. He suggested I give up drinking but I was not given any advise. After quickly finding out AA was an outdated, and cult like organisation I did it on my own and struggle every day with my addiction. Not long after I stopped drinking I had to attend the

funeral of a childhood friend who had died of suicide after begging health practitioners for help to overcome his drug dependance. He was put on a wait list and told to ""hang in there"". After 4 counceling sessions with a private psychologist following the death of my brother I was forced to choose between paying my children's fees or continuing therapy. Every visit to the GP I express my struggle with anxiety and living with the side effects of the anti-depressants I have been taking the last 10 years. They have never had any suggestions for me. Two weeks ago after hours of internet searching I came across a local organisation called [redacted] and asked my gp for a referral. My GP had not heard of them before but agreed that the courses listed could be beneficial. He sent a referral in. I am yet to hear from them and don't expect to for a long time. My 5 year old son is on a waitlist for an Autism Spectrum Disorder assessment. The wait list is more than 10 months. One of the biggests issues my son has is anxiety. His pediatrician wants him to see a psychologist as soon as possible. There is a waitlist. I grew up in a middle income class family, my parents are still together. I have never been victim to any violence or abuse and consider myself to have had a good life. My husband is on what is considered to be a high income and I don't fit the stereotypical alocoholic or mental health sufferer. I believe the only reason I am not much much more unwell is due to my supportive family, good education and sheer stubbornees. I feel the mental health system has let me down since I sufferred my first panic attack in 1997 after being badly burnt. I am VERY concerned for people who have mental health issues and who are not as fortunate as myself."