

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

SUB. 0002.0029.0193

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?

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.

"10 Medicare supported sessions for a person suffering from a mental health disorder is an important start. But there are also many different types of mental health condition and each requires different types of treatment in terms of both duration/frequency and the qualifications of the provider. In the case of someone suffering from Complex PTSD or a trauma stressed disorder that is so complex it is placed in the Other category of the DSM-5, the understanding and treatment is not extensively understood by many working in the space and it is important to seek out and work out with someone who has specialisation in the area. But the reality of this condition also is that recovery is a protracted journey for its sufferers. Once the 10 supported sessions are used up (assuming a session every 2 weeks), you have a further 32 weeks of the year where treatment is required (in my case, @ \$235 every 2 weeks). For most, including me, that is an unsustainable burden. At that point, what happens to the sufferer? Abandoning treatment after 10 sessions means that the outcome is potentially as bad or worse than if treatment had never been sought in the first place. For example, a person receiving trauma therapy relating to abandonment is not going to feel anything else other than abandoned if they are suddenly cut from their treatment provider because of an inability to pay for unsupported visitations. An increase of the Medicare supported visits under a mental health plan are vital, particularly for those in lower income positions and complex-type mental health conditions. Whilst such changes carry a burden on the taxpayer, the longer term societal and medical costs associated with increasing numbers of the population suffering mental health conditions that are not being adequately treated simply due to a lack of access to QUALITY, CONDITION SPECIFIC BUT AFFORDABLE treatment is significantly greater."

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?

N/A

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

N/A

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?

N/A

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?

N/A