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

Organisation Name
N/A

Name
Ms Flick Grey

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"I think we need to have some really careful conversations about what we mean about understanding mental illness. Many of us understand our experiences in terms other than ""illness"". This is often responded to as if this is a sign of ""lack of insight"". Please try to recognise that many of us have insights that are incredibly valuable. For example, some people hear voices but do not believe these are symptoms an illness. We need more cultural space for this (many cultures do have this space - e.g. Maori responses to wellbeing). I recognise that my experiences are systemic - I am the ""identified patient"" in my family, but we all experienced family abuse and dysfunction. To label me as having Borderline Personality Disorder (which some people have) is to absolve the perpetrators of family abuse. After many years of being told I have a Personality Disorder, I came to understand that actually I had a perpetrator of child sexual abuse in my family, and that my responses to these experiences were very understandable (not pathological). If any of you had experienced what I lived through as a child, you may well have similar coping strategies as an adult, and you would hope for compassion and genuine understanding, rather than superficial mental illness literacy awareness or even comprehensive education in the medical model. The worst stigma I have been subjected to has been within the public psychiatric system, when they believed I had a personality disorder. To give psychiatric professionals a leading role in reducing stigma makes no sense. I recognise this is paradoxical and counter-intuitive, but if we are serious about humanising our responses to distress, we need to address this."

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?
"To be honest, my experiences of the mental health system have largely been counter-therapeutic, even traumatic. It works well that Medicare subsidises my psychiatrist appointments (I have two excellent private psychiatrists). I feel really sad, however, that people need to medicalise their experiences to get state-subsidised support. There are not enough professionals trained to respond to Dissociate Identity Disorder."

What is already working well and what can be done better to prevent suicide?
"As I said in my other submission, I believe there needs to be a co-ordinated response for people living with "

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.
N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Some of us who have had significant childhood trauma don't see our experiences as a mental illness. The mental health system doesn't offer us what we need. There needs to be a genuine alternatives for us.

What are the needs of family members and carers and what can be done better to support them?
Family members and carers need to be responded to as having their own needs. I have seen the transformation in families in my Open Dialogue practice.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"The peer workforce need an expanded infrastrucure. Currently, peer workers are devalued and not afforded the resources they need."

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 have no opinions on this.

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?
"We need to have space outside of ""health"", both intellectually and supports. We desperately need support to explore what our experiences mean, and what helps, especially for those of us who have survived complex childhood trauma and don't subscribe to the medical model."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"We need to be deeper in our thinking. I don't think that we need to just have more funding for existing approaches, we really do need to have some alternatives. In particular, I would like to see space for Mad Studies."

Is there anything else you would like to share with the Royal Commission?
"Probably, but that's enough for now."