

Kerry Harris

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

To educate the community that all individuals will experience mental illness at some point in their lives. The response and access to supports are vital to a good / full recovery in the same way as a physical illness. Awareness, access, clearly defined pathways and support to access data and services is vital. Currently services are very fragmented, non-specific and so much time and energy is required to obtain information that obstructs real-time treatment and outcomes. Present mental health as a part of good holistic overall health.

2. 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?

An improved ECIS is allowing families to achieve good outcomes and treatment plans enabling young children to be captured and supported. However, we found a huge gap for services for pre-adolescent children who display emerging mental health issues. Services start to kick in at 12+ to early adulthood, but again, waiting lists are long. Unless a child is experiencing a critical incident, or self-harm there is no place for them to go locally (Geelong) that is a safe space for their age-group. The RCH is the only stay in facility and so far away. There is no outreach or on-call support other than police.

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

I don't see evidence that the current structure of Mental Health Support services is working. For our young 8yo son who was threatening family with a knife due to issues with medication, we were told to call police. This would have caused more trauma. Teachers, families and the wider community need education to help identify emerging mental health issues, and a Flow chart type process relevant to local services. The out of Home Care space is in crisis - the systemic issues add a further layer of trauma over a child or young person already struggling with mental health and escalates the trauma further. There is a lot of theory and talk by workers, but not much lived experience to make vital decisions.

4. 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.

In our 7+ years experience, the OOH space while necessary (sometimes) to protect a child from substantiated or unsubstantiated emotional / physical harm, in itself creates mental health issues. Many young workers have lots of theory and very little lived experience. They pay lip service to the input of carers and do often not follow through with treatment plans. Due to intense management of privacy, information is not shared among the child's village (school, home, out of school care for example) which means there is no co-hesive support or strategies for the child.

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

Some are due to socio-economic factors, poor education, intergenerational trauma, ID's or other cognitive deficits. Rural communities are worse off again. We lived in a rural area that had no local medical services / GP. There was a 3-6 week wait for access to medical or mental health support services in the nearest location (1 hr away on average). mobile mental health services could be made available to remote / rural communities, with ability to push through urgent referrals in crisis situations. A greater spread of services based on data of meeting a gap in rural communities would provide immediate relief.

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

The stress, mental health impacts of family members and carers is not recognised at all. Currently we are trying to access mental health supports for our family as Foster carers and even though these supports are stated as available they are not in reality. 1 family member (carer) can access 3 telephone calls in 1 year. The other 2 family members need to source and access supports at their own cost? The mental health impacts of caring for traumatised children further add to our mental health crisis. This of course leads to a desperate shortage of Foster carers as the burden is too great. I have never met a carer who has stopped by choice. It's always due to lack of support.

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

Having just completed studies over 18 months and starting work in the mental health area for me is due to seeing problems with the existing systems. My tiny input won't change the system, but my awareness, knowledge and creative approach may support just 1 person achieve a better quality of life. Realising the limits of the system around the client's rights and dignity of risk also impact on provision of services to clients. Provide strong processes and frameworks to recognise and support the work of mental health workers. Allow reasonable case loads, maintain professional development and best practices.

8. 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 are many opportunities to improve social and economic participation for people with mental illness, starting with Education, Professional Development and implementation of more readily accessible services. Public awareness campaigns of how to access these services and more trained staff. In short, all of these require financial resources to be invested in this space.

9. 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?

- Affordable and timely access for families
- After hours support for mental health issues.
- Dedicated facilities for children including overnight stays
- Services for younger children below the age of 12 who are presenting with Mental Health concerns.
- In the OOHLC space, ensuring workers have a lived experience of how trauma and instability, lack of connections impact on the health of children and young people.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Whilst as a first world country we need to support the global community on a humanitarian basis, we also need to prioritise the mental health of our own country. This builds a strong society where people can function productively and participate fully. Understanding that investing in changes to our current systems and practices have economic benefits that reach far into the future, and set a blueprint for generations to come. Prioritise "people" over infrastructure and other projects.

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

While our society no longer has an "institutional" process to manage people with significant mental health issues, there should be a safe place in every community where a person who is experiencing mental distress can attend to keep themselves safe and the community safe. It is clear that there is so much evidence that most of our crimes including rape and murder are committed by persons with significant mental health issues that are not being managed or supported well enough. This leaves our entire community in a vulnerable position. Even though this issue gets a lot of media coverage, there are no immediate or practical interventions. Sadly, all changes are made after the fact of a crime, when there can be no return to normal for victims or families.

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☒ Yes ☐ No