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

Organisation Name
N/A

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"One of the more problematic issues in relation to stigma is media portrayal of people living with a mental illness. Often we are described as though we are dangerous or of immediate threat, through to the infantilism of adults as if we are simple. The improvements I would suggest would be that media organisations ratify a code of ethics statement to make sure they present these important community issues without intentional bias. Another suggestion would be early educative interventions and programs to highlight to primary school aged children the facts around mental illness."

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?
"Prevention is a myth. The only way to improve early treatment and support is to have consistency and experienced support workers, nurses, psychologists and psychiatrists. The system as it is does not have these people working together really at all, and it takes many hands to really be effective in giving people confidence and hope in their recovery."

What is already working well and what can be done better to prevent suicide?
"Again, prevention is a myth. Not much seems to be working well at all in this area, people who are determined to die do so at an alarming rate. I think it comes down to support. But how would you convince someone who is suicidal to get help? I like the safe space model being trialled st st Vincent's. they provide a chill area in the emergency department where people who are presenting with mental health issues can sit down, have a cuppa, talk to a peer support worker or nurse, and maybe stabilise enough to be referred to a specific service with a hospital stay not being required. I believe that informal supports such as this pose a great opportunity to use this idea to reach those who might not want medical intervention, especially if the person is presenting as suicidal."

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.
"It's the inconsistent differences in treating teams. It would be better if all professionals and persons were working as a unit with such models as open dialogue being something that could really help services link for the benefit of the person who is experiencing mental distress. Not only that but to include family, friends, informal supports and professionals in a client centred fashion may yield a better rate of good mental health for that person. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
From my understanding it's the lack of services from clinicians to mental health community

supports. More could be done by streamlining policy to provide incentives and employment certainty to entice more mental health professionals to work outside the cities.

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

Families and carers would like to be better informed from the treating team(if the consumer agrees to of course) to alleviate the fear and stigma attached to having a loved one go through mental distress. Also being invited to participate in a meaningful way with all stakeholders would maybe give those family and friends some comfort that all parties are working together in a client centred fashion.

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

"As a peer support worker myself with over 4 years experience my biggest concern is the use of peers as a token cost cutting exercise, as we are cheaper to hire as most peers only need a certificate 4 in mental health to begin practicing rather than needing a degree. I would certainly not go to uni to do a degree in peer support. The fact that I am still alive is worth every cent I earn. And having survived with the decision to go back into the mental health system to see what any wisdom I have could be useful to others, I think we deserve to have our lived experience really properly remunerated as if we had a university degree. "

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?

"This question assumes that if there are services available that people with mental health conditions will automatically use them. I can tell you from experience that it takes guts to reach out and try something new. Particularly when I am not myself with medication and so on. Opportunity has presented itself to me because I was looking for a way out, and I know a good thing when I see it. But I've been badly wrong too, with no confidence and an overwhelming urge to stay indoors in the dark. Opportunities were missed, and I didn't care. What helped me was a small hearing voices group that I sort of stumbled on. This was a good thing, and now I run groups and work for the mental health service that runs them. Many hands were involved to get me to that point, and I have the huge advantage of having stability in my housing. More services please, fund the gap and not let the non NDIS consumers have nothing."

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?

Prioritise more peer workers and fund services to grassroots organisations who have the best bang for buck. Hospitals should be more segregated. Seperate wards for women only might help. Better funding for community visits done by police to have a psychologist on board. Expansion of sub acute programs such as PARC and PHAMS.

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

"Having the backing of increased funding to support transition services retain their workforce, the introduction of the NDIS has seen the sector have a massive brain drain as so many support workers have lost their jobs, with some choosing to leave mental health entirely, More robust

legislation to ensure the safety of consumers who are on treatment orders, with an emphasis on least restrictive practice applying to the administration of chemical restraint. "

Is there anything else you would like to share with the Royal Commission?
"I write this submission with some reservations. I hope the findings and then recommendations are binding, I really do. So much needs to be done but it must be a sector wide response otherwise we are doomed to continue to repeat history. "