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?
We may have to look at the language we use concerning mental health. More education via media and social media and local governments to state government spending more money on education and awareness.

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?
The Medicare better access scheme helps (Gp referral mental health Plans) but I don't think that the amount of sessions for some people with ongoing mental health distress are enough and for some people this better access scheme may have to be accessed yearly as part of their prevention of relapse or recovery process.

What is already working well and what can be done better to prevent suicide?
"Having a public mental health service system for everyone is a great thing but individuals and caring significant others need to be able to get access when they need it. Increasing the amount of clinicians on the ground more CATT would assist individuals, family or significant others when they can't get them to hospital or the GP. There should be more mobile and outreach services assessing and providing support to individuals struggling with suicidal ideation. Change the language of committed suicide' to one that's had less criminal connotations. Less stigma. And of course taking one's life or feeling there is no other way out is just not linked or connected at the individual level but it also concerns their environment : poverty, financial stress, family violence, addiction, workplace stressors and isolation, marginalisation and loneliness. There needs to be a one stop area that houses all services together to respond and work side by side other services as well as mental health services. "

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.
"As I have just mentioned above ... often drug and alcohol services will say the issue is a mental health one not our area and mental health will say its primary Drug and alcohol. These two systems often work in silo orientations and do not communicate with each other just pass the buck and really don't work from a holistic framework. Recently, I had a family member who was recently admitted to the acute psychiatric ward in a public hospital and was a week later discharged home. Two days later having to return to the same hospital for a medical issue that needed hospitalisation (got the medical care required) but started to become mentally unwell again and the hospital staff on that medical ward did not have much information or knowledge about my family members recent psychiatric admission and a nursing staff member admitted to me that even though both medical and psychiatric wards were housed in the same hospital that did not

have much communication with each other. What's the excuse or reason behind this lack of communication (too busy ??) I would say once again it's not seeing the person in a holistic way and seeing medical and psychiatric as separate. Medications would have be monitored for potential interactions surely. I also believe there is a need for much more PARK (step up step down care) centres across all states and to be serviced with clinically trained staff in particular overnight. Hospital wards can't be the total answer for acute mental health concerns. Plus the covert statutory nature of such wards needs to change, the look is not comforting to all who are admitted.   "

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

"Our response may not be culturally appropriate or culturally responsive or respectful. Our mental heath model is still a very clinical and pathologising one and this helps fuel stigma around mental health. Some clinical staff in our mental health services, attitudes are stuck in the old traditional models of mental health and their training needs to be updated to contemporary models of mental health. Differing meanings of mental health. Once again I believe that hospital type care (even when dealing with risk) may not be appropriate for all individuals and we must create other safe spaces/ places that can cater for people who may need full time care and monitoring but has a different feel to that of a hospital lock up. There may also be a need to have a all female and all men separate mental health units it's just not appropriate to put everyone in together but at the moment there is no other choice.   "

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

Significant others are often not given enough information about there family member when hospitalised. Most times families /significant others have to keep calling to get information or struggle to get any. This is not good enough when there the ones that are doing all the caring most of time when the person is not In need of hospital care. So when they finally get some help for their significant other to then find their shut out of what's going fir them it forms distrust of the system/ government and they feel the state government does not value their care given (in the times when it's all been put on the family to care for that person. I understand that confidentiality is paramount but family are entitled to know what's going on (especially if the person prior to becoming unwell has a very close and trusting relationship with family). Carers need time off too more funding required there.

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

"The whole system needs transformation I have mentioned this above: more education and training, self care regimes, staff to have access to regular external supervision. Working from a less clinical to a more holistic framework.   "

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?

"Research suggests work helps improve people's mental health outcomes. However, Centrelink / government - job network providers need to be mindful not to push or put to much pressure on someone to obtain work when they are clearly unwell. Firstly, less pressure and no mutual

obligation should be required if an individual has medical evidence from a GP (should be sufficient) suggesting they are unwell to work. Create more job or volunteer opportunities for people in their recovery process to build confidence and self esteem. Create a workplace mentoring or buddy system for organisations willing to support people getting back into work. "

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?
"As mentioned above the acute wards are drab and look like lock ups I believe we need a whole new make over to the environment in all public mental health wards to make them more comfortable, calm and friendly like. I can hear some people say we don't want to make them to attractive they'll never want to leave. The answer to that is we need to also look at the reasons why many people admitted to psych units have nowhere else to go upon discharge. There is Not enough services, not enough beds not enough PARC like step up and step down"

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
A change of culture A new way of seeing things model of care that incorporates other services not just mental health ones

Is there anything else you would like to share with the Royal Commission?
"More research done with people who live with mental health issues to ask them what they need, what they think would be helpful to them when becoming unwell. What system would they like to see happening for them and others "