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

Organisation Name
N/A

Name
Miss Elena Kashaeva

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"I work for a drug and alcohol support agency. Over my 7 years in this sector I have seen the incredible stigma of mental health workers towards clients struggling with drug and alcohol addiction. There are no dual diagnosis practices. A client struggling with AOD who also suffers with depression, anxiety or suicidality is often dismissed, discharged and not seen by mental health services and get told ""sort out your substance use and you will be fine."" We all know that substance use and mental illness often go hand in hand. Drug and alcohol services are often left to practice within a dual diagnosis platform and mental health services do not. We need to have more dual diagnosis awareness, practice and support. We need to improve pathways that allow for a ""no wrong door"" practice within our mental health teams. Drug and alcohol workers need support for clients who struggle with dual diagnosis complexities. We need to have more dual diagnosis units and detox beds to allow for us to cope with such extreme complexity. "

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?
"Nothing is working well to prevent mental illness. Drug and alcohol clients get turned away and not even considered for support even if they are acutely suicidal or psychotic. Community services that work on prevention are losing funding, have staff with minimal experience, not job security and are at capacity. Waiting list for access can be months. "

What is already working well and what can be done better to prevent suicide?
Work on prevention rather than dealing with crisis. At present clients cannot access services unless they are acutely suicidal or risk of harm to self and others. Clients often reach out for help and get turned away by acute mental health services. Community mental health services are at capacity and have extreme waiting lists. We need to focus on prevention. We need to have smoother and less confronting pathways.We need better co-operation between the acute mental heath teams and the community sectors. Better discharge planning needs to occur as we often do not get any information re intake or discharge. We need more assertive outreach programs.We need dual diagnosis beds in hospitals that clients who struggle with AOD and mental health can access.

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.
"Social isolation and stigma are the number one reasons my client cohort does not access mental health services. When suicidal I have personally taken them to ED where they have been stigmatized against and not provided with any support. These clients describe selves as not feeling human. The worthlessness that this attitude creates is palpable. Psych triage services are

under staffed and you can never reach them when you are with a client.Psych triage call on private number and clients often avoid these. Mental health system often minimizes a client's experience. (even if it is a cry for help, it should be heard and help should be provided for anyone seeking it). "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Loss of funding from community services. Due to lack of job security, experienced staff are leaving the sector and inexperienced staff are employed.Inability for people to access services.Lack if public transport to attend appointments. Social isolation.Stigma by mental health system and primary health systems. Once a client is discharged from ED they are not provided with any further support on discharge and are left alone with their demons. We need strong and passionate dual diagnosis clinicians.We need dual diagnosis detox's and rehabs. We need dual diagnosis emergency beds that an intoxicated person can access and have their mental health supported.We need better discharge coordination. Acute clinical mental health services never provide this or correspond with community services. This is negligence and clients lose their lives in the interim. "

What are the needs of family members and carers and what can be done better to support them?
Support after discharge from hospitals. Not just a once of session but regular outreach follow up that can assist families and learning to support someone with mental illness or substance use.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Stop cancelling pilot programs. There is absolutely no job security in this sector and people are frequently losing their jobs. Experienced clinicians are leaving the sector due to lack of job security and burn out.Extremely case loads and an ever growing client complexity.

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?
"addressing their over all health and wellbeing by providing purpose and support. Addressing not only their mental health but physical and psychosocial. This can be by assisting and attending GP appointments, support with physio and osteo appointments. Free fitness programs such as aqua therapy, pilates, yoga and boxing."

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?
Dual diagnosis is key. There is no chicken or the egg.Dual diagnosis beds in ED departments that allow for detox to occur within a hospital if needed and not be turned away just because they are intoxicated.Assertive follow up post discharge from hospital to assist in formulating a care plan and providing support. Assertive and cohesive discharge plan.Focus on prevention rather than treatment.

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

Education on dual diagnosis to eliminate fear of addiction in mental health.Assertive follow up and discharge planning for clients leaving the hospitals.More funding for community drug and alcohol and mental health programs.

Is there anything else you would like to share with the Royal Commission?
"Alcohol and other drug use is a part of the DSM V and yet is looked upon as it is not. The complexity of our clients is growing everyday and the NDIS has destroyed the ability for people with mental illness and AOD to access prevention services. People need to be actively killing them selves before any help is offered.I tried to refer a homeless schizophrenic to the NDIS. - They requested to post or email him forms....He is a homeless schizophrenic, where could he have had these forms sent?it then took months for us to collect the required information and due to the nature of his illness was borderline impossible. Mental health services (clinical and community) refused to provide support to this man because he binge drank over the weekends. (he drank due to the voices becoming overwhelming, without treating the voices he would not stop drinking....What an impossible mission this client was sent on) They turned him away and stated all his problems are due to his alcohol use. I was present at the appointment he completed with a psychiatrist. This psychiatrist barely asked him any questions related to mental illness, focused only on his alcohol use and then refused care. This man was left with no support, not one willing to help. The NDIS and mental health system completely neglect these human beings. I have taken suicidal clients to ED personally, only to watch them being discharged within hours as ""this is only happening because of their substance use"". They drink and use due to their mental illness and mental health services neglect to see them as a person if they have any AOD involved. I have hundred of stories where our substance using cohort have been treated as sub human by the mental health system due to their AOD use. This approach is archaic.I have worked for 5 years in the public mental health system so I know well both industries. Without cohesive understanding of Dual Diagnosis and the need to treat everyone with an open door policy, this system fails to prevent these individuals death. "