The following information is based on a community conversation between PARC participants and a peer support worker at Mildura PARC in May 2019.

What works **well** in Victoria's mental health system? What type of service?

- **Flexible, community-based outreach** services meeting people where they are at in their living environments (e.g. similar to Mental Health Community Support Services)
- Headspace model of **service hubs across continuum of mental health needs (with potential outreach, referrals and ongoing follow up)** works well – but not fully utilized in mental health. Promising in family violence sector (e.g. Orange Door approach) and homelessness (e.g. sole intake point)
- PARC participants spoke about the importance of **safe, shared collective physical spaces for peers** being helpful, although physical drop-in mutual support spaces are now rare. Participants suggested previously the availability of these spaces helped prevent crisis presentation(s) at an emergency department by keeping people well in the community through fostering social inclusion and connectedness.
- **Voluntary services** like PARC were regarded highly when compared to lived experiences in inpatient units. Part of this includes **more home-like environments embodying the dignity of risk in a physical space** was deemed valuable to participants.

What **does not** work well in Victoria's mental health system?

- A **lack of timeliness and effectiveness in response** was identified as a key issue which exacerbated mental illness, according to participants of this conversation. Some spoke of having minor crises addressed slowly, subject to a long waiting periods to access psychological/other support services due to a perception of a lack of imminent risk. This tardiness sometimes meant participants experiencing warning signs of relapse were unable to prevent these concerns from spiralling into a crisis presentation warranting a tertiary inpatient bed-based response. A big gulf was identified between first instance of illness and then an acute crisis presentation. Participants believed **preventative supports to keep people as well as possible in the community following diagnosis with previous episodes of illness** (to minimize further clinical involvement stemming from avoidable crisis presentations) was lacking.
- Participants also reported **adverse previous experiences with their general practitioners related to raising and addressing their mental health concerns**. There was particular difficulty for some GPs in understanding the unique, episodic nature of mental health, where medication-related decisions were only referred to a psychiatrist (if available).
- A general theme related to **not feeling heard and an ongoing sense of disempowerment** was common from those who have sought assistance from Victoria's clinical mental health system was also reported. Participants spoke positively about **the difference feeling listened to by professionals** made to their ongoing recovery.
- Ongoing issues related to stigma and discrimination were highlighted. In addition, participants spoke about **lived experience supervision/education for acute inpatient nurses** may be a worthwhile endeavour to help address these concerns. Participants mentioned the lack of understanding of lived experience perspectives sometimes lead to **'unrealistic' expectations of recovery from professionals which are not tailored to (or do not even consider) an individual's capacity to manage** with severe and persistent mental illness.

- Pharmacists need **education/training about the interaction between natural remedies and prescribed mental health medications** to help mitigate and/or effectively manage unwanted side-effects linked to this interaction.
- Some participants spoke with frustration at having to re-tell their story on several occasions, and how occasionally **their records were factually incorrect**. Participants would like **more choice and control over how their information is shared and managed by professionals to ensure its accuracy, and who can access this information** (for instance loved ones and family in the event of crisis). This discussion resulted in **a recommendation of a sole portable electronic record related to mental health** (which a participant could provide some key information into) which a) provided consent across various areas of biopsychosocial needs, b) followed their journey throughout the mental health system and c) increased transparency and accountability over the ability of participants to access information about them if and when required.

What needs to change to improve the Victorian system?

- **Accommodation-first responses that provide medium to long term group-based supports** are required for a certain cohort of participants who may be vulnerable and unable to live independently due to coexisting cognitive concerns, and/or profound functional impairment linked to their psychosocial disability. This would be similar to a supported accommodation model, or alternatively more intensive in-home support services similar to aged care packages to keep people out of nursing homes.
- **More family-informed and carer-oriented support services** that provide direct assistance, information and education regarding how they can support their loved one to manage their mental health on an ongoing basis.
- **A boost to the lived experience workforce**, particularly in managerial roles or to play a role in educating and/or supervision for key pressure points in mental health system (e.g. psychiatrists).
- **Greater numbers of psychiatrists** in rural areas, perhaps through incentive initiatives?
- **A coordinated, no wrong door approach to dual diagnosis** – with both AOD services and mental health services taking joint responsibility, instead of status quo where participants bounce between service systems with inadequate responses to their complex needs.
- A greater emphasis on **service flexibility and centralized coordination** so complex needs can be addressed holistically and effectively. Ensure **better wrap-around approaches with comprehensive follow-up** in the community to ensure transition home or wellness at home is strengthened.
- If voluntary, it must be made explicitly clear that **the participant receiving any form of treatment is informed and involved in any decisions**.
- **Outreach services** for hard to reach populations (e.g. homeless, CALD) reluctant to engage with the NDIS are critical. There will be a cohort who may or may not be eligible for NDIS, and may never apply despite strong recommendations to do so. Some participants will require some community-based support to remain out of hospital on a regular basis. Similar to MACNI through DHHS but perhaps through a mental health lense?
- **Greater understanding of trauma-informed care and how to effectively address/contain trauma in inpatient settings in particular.** This would increase safety and reduce incidents.

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

Organisation Name
N/A

Name
Mr Todd McCarthy

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Greater voice for lived experience in a) broader society, b) mental health workforce, c) supervision arrangements for key professions (e.g. nursing)."

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?
See attached file

What is already working well and what can be done better to prevent suicide?
N/A

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.
See attached

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

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

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

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?
See attached file

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?
See attached

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

Is there anything else you would like to share with the Royal Commission?
See attached