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 need Psychologists in primary and secondary schools both state and private and easy access to services via early education, daycare, and kindergartens.   Introducing early consistent and ongoing access to these services early on in the life of families, by making access to emotional and psychological support as ordinary and easy as making an appointment with your local GP, will help in innumerable ways that would be quantifiable, and long-lasting for the health and education of parents, workers, and children. Both for those parents who have existing diagnosed conditions and those who may be contending with postpartum depression, or the challenges of being a parent and the effects that can have on mood and the ability to cope...sleep deprivation and exhaustion,. stresses in families and strains on marriages. This will help to reduce stigma and discrimination from the ground up, by offering help to combat the onset of mental health conditions and at the same time, normalising and bringing these challenges out into everyday life and community."

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?

"In schools at both a primary and secondary level, the system of psychological support for individual students and their families is simply not sufficient. Well meaning Chaplains (currently ▇ ▇▇▇▇▇▇ local state school) or ""Wellbeing officers"" (at ▇▇▇▇▇▇▇ catholic school) cannot take the place of a trained psychologist. Well-placed support in the areas of schools would cover so many areas that schools are grappling with: students with one or both parents with MH conditions; students coming from homes experiencing domestic abuse, sexual abuse, and or substance abuse. These societal issues are impacting greatly and daily on school communities, leading to secondary issues in the schoolyard and classroom, in turn affecting learning outcomes and school attendance, as well as having impact on the stress levels of teaching staff and resultant impacts on their mental health resulting in sick leave or leaving the profession altogether. Offering support to students who have already been adversely affected by their home lives and to students that are needing early assessment and potential diagnosis a developing mental health or behavioural conditions."

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

"Psychologists in schools may help put in the necessary scaffolding for students experiencing difficulties. Emotional scaffolding and support to build resilience and trust that they can be helped. Scaffolding with additional services to support the family unit as a whole to maintain ways, to keep an individual safe and remain in the school system. I have seen the best efforts of our schools simply not be enough, and watched individual children deteriorate behaviourally and mentally in front of our eyes as they slip further and further down, and the support services degrade the situation further, siblings and parents are impacted, and the DHS becomes involved and in the

name of protection, destroys links between a child, family, friends, and community. A tragic outcome that is still playing out. An intelligent and vital teenager struggling with mental issues but as best she could cooperating with suggested interventions, therapies and solutions was slowly forced out of service ████████ without bridging to alternative services. She has been forced out of school, and now as friends of the family we stand by hoping that she can stay alive long enough to outlast this downward spiral and live to fight another day. Professional help within the school to support the school before they needed to say ""We can't do anymore, you will need to find alternative schooling"". Professional support could have made the difference to this child and this family as well as many other children that are daily presenting with visible evidence of distress, including cutting and stating out loud to their friends that they would like to end their lives. These stories have now become commonplace in lives of this current generation. As parents and friends of these children, we are flagging in the face of reporting these instances and there being seemingly nothing that can be done. We need psychologists in schools. "

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.

"Parenting is hard. Parenting with a Mental Illness is hard. Trying to create and maintain the conditions so your children may have the best possible outcome, is stressful and always under question. is this good enough? Am I good enough? A lot of commentary in the media and on social media is quick to point out where parents are failing, where Australian children are not up to this measure and that measure or standard, and by the way we are all too fat. Because I was already diagnosed with clinical depression when I had my children, I have always been vigilant around staying aware of the impact this may have on them growing up. I have used whatever opportunities have been offered to me (via the public health system) to have health professionals check in on their progress with regard to any impacts on their own individual mental heath, as well as getting ongoing advise on the best ways to address and communicate about my illness with the kids as they grew. By far the best support my husband and I received in this area was when our local state school had access to a psychologist who would visit the school fortnightly. She would check in with the kids and have discussions with us around any worries: parenting issues, issues with the school and how I was faring personally. The burden of worry she lifted from our shoulders meant we could travel lighter from day to day. We worried less, had more fun, and overall created a more positive home environment than we could have achieved alone without her help. So for the funding of an hour or so fortnightly or less, four lives were impacted significantly, pressure on other services was reduced because I remained functioning, and teachers and the school principal could focus on education. Our relationship with this school psychologist lasted 3 years, which we recognised at the time seemed miraculous. Each year we would sit on tenterhooks to see if funding for her was maintained, or whether she would be allocated to another district. Eventually her sick leave absences grew longer, due to the stresses of the job (her district covered many schools over many kilometres), and then one day out of the blue we were told by the school principal she was not returning and would not be replaced. No opportunity to round off a trusted relationship for our family and children that had spanned 3 years. Just gone. The following year the school took advantage of the only support on offer: the chaplaincy program. This was of no assistance to us. I did speak to the chaplain about our family but his approach and replies made it evident his training in dealing with mental health issues was less than adequate and bordering on insulting. I am so sick of having my intelligence insulted by unsophisticated mental health workers.

Please give us well trained experienced psychologists in schools! it will pay off. It will."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Not enough support around families experiencing duress. Easier access to services required to take pressures of marriage and partnership leading to the breakdown of family units, creating emotional distress, disjointed living conditions for children, and increased financial hardship. Mental and emotional health supports embedded into all levels of childcare and childrens' education pathways could make a significant difference in these areas, leading to better outcomes for families and children and thereby less pressure on services down the line."

What are the needs of family members and carers and what can be done better to support them?
"For families with a member suffering from a mental health condition with children of school age, greater support via the schools in the form of consistently accessible mental health support would go a long way to taking pressure off the shoulders of parents. Having this access could free up many resources, both emotional and economic. If children remain supported at school, a parent's time is freed from endless hours of trying to find resources and attend appointments, thereby reducing time away from work that may cause economic hardship, as well as having the time and energy to still attend to the less acute needs of other members of the family so no collateral damage is incurred by other family members. Keeping children at school and parents at work (including all forms of work including domestic) helps ensure continuity, consistency, and stability. Good for everyone's mental health all around."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"A proper and recognised integration into the fabric of everyday life. Respect and a functional workload that allows them, as workers, to achieve positive outcomes for those in their care while sustaining their own physical and mental health to maintain the resilience to endure the difficulty of working in an area that can include trauma, hopelessness, heartache, and devastating outcomes. Allow workers to participate and initiate programs that act in the preventative area, particularly with children and parents. Make sure workers are allowed to express their strengths and passions in the work place and not simply survive until they are disillusioned and burnt out. "

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?
N/A

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?
"We need psychs in schools, and a greater emphasis on mental health education. My experience as a parent is that currently all emphasis remains on sport (as opposed to movement and exercise that may benefit non-sporting children) i would like to see current research and studies on what supports mental health reflected in school curriculums and programs. Do the statistics of mental health concerns and risks among the young not support this approach? At both the primary school and the secondary schools that my children attend I have never seen mental health week even

acknowledged. All sorts of other days and causes are recognised with all sorts of coloured ribbons, badges, various soft toys and dress up days...but mental health is conspicuously missing. I have no insight into why."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"A strong message from government, educational, professional, lived experience, funding bodies that mental health is real and present and not to be scared ofthat while solutions may be complex and difficult, and confronting at times, that other solutions (as in my case) may be as simple as a cup of tea and a peace of chocolate cake. More specific information and education around mental health conditions and how varied they are. ""Are you ok day"" is not enough anymore. Are you ok? And then what? "

Is there anything else you would like to share with the Royal Commission?
N/A