

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

Organisation Name

N/A

Name

Miss Melissa Sanderson

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Easier pathways for referrals for service providers to refer clients to mental health services. Access to funding to help clients access specialised counselling services and testing. Mental health service providers to be specialists in mental health. I have had very bad experiences with mental health services in [REDACTED] regarding family violence victim survivors. Specifically the triage team at the hospital. Make mental health services more accessible. Look through an intersectional lens and realise that services may need to be tailored to the client. I have had personal experience with bullying at work which almost led me to suicide. I had no idea where I could go and did not trust anyone at the hospital. Less stress on children and teenagers coming through education. Maybe let year 12 students complete year 12 over 2 years to ensure less stress.

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?

What I mentioned above.

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

Having high profile people talking about their experiences is decreasing the stigma around mental health.

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.

"For me, the hardest part was getting out of bed and functioning at work. It seems like some of the workers don't care about the client. Maybe look into how staff are treated at work or what the environment is like there. Have mental health services employ or train workers to be specialist mental health workers. Pay the workers what they deserve and have a set amount of hours that staff have to attend training. People don't want to be judged when asking for help. "

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

"Socioeconomic status. Where I live, it is difficult to find housing and good jobs even transport is an issue. "

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

They need access to services. They need to know that they can access services.

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

Have a royal commission into the treatment of staff in the workforce. It feels like they don't care a lot of the time. Like you are burdening them.

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?

"Increased education. Access to funding to obtain things that make their life easier. Maybe partner with animal shelters and help match people with mental health with a therapy animal for example. Maybe a membership to a female only gym, or a bus pass so they can get to where they need to go. "

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?

"Family violence and mental health, both victim survivors and perpetrators. Disability. Make sure the right person is suitable for the position. Make sure the staff are able to assist the client by being in a good frame of mind themselves. "

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

Skill people up. Pay them better and offer them job security.

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

"I have had personal experience with mental health all of my life, being a child effected by family violence, to bullied and school and work, stressed about VCE and have lost members of my family to suicide. I am disgusted by the state of Mental health in the [REDACTED] catchment and have had family violence crisis clients sent back to the home after being assessed as not needing assistance by the hospital after the client threatened to kill herself. It is an utter joke that people are turned away from assistance that the DESERVE because a hospital does not have a mental health team there after 10pm to assess them. Clients are sent home with tablets and talked out of needing assistance by people in services. Service providers judge clients and that makes the client not want to return and it's the only service in town they can access?! As a worker in the community services field in family violence where it is rare for a client to not have some form of anxiety and / or depression or PTSD i am so sick of telling them to get a mental health plan. Which I myself had to utilise and was out of pocket still \$90 every time I saw a psychologist. Services like these are not accessible to someone who is not able to work or does not have an income. "