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

Organisation Name
N/A

Name
Mr. Zachary Stewart

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Mental health in Victoria is currently swept under the rug, generally out of sight to the general population. If you were to ask any average person on the street to list, how, where or who? in regards to our mental health services, be it medical treatment, support services, or for general knowledge, they would struggle to name or suggest options to you. Mental health needs to be talked about in a public, social sphere where it will be allowed to be seen as a ""Normal"" medical illness that needs combating like no other, not some invisible ghost that they can't contribute towards supporting or understanding. Even those who know someone who suffers from mental illness, how much do they ACTUALLY know about it? Most of the time, it's very little, This relates to stigma and personal doubt from those suffering to not talk about it, as it is seen in a negative light, and the governing bodies, health services (Hospitals, Clinical Services, Emergency Services, etc) never talking about it in the public sphere regularly. There needs to be dialog and mental health needs to be normalised to the point where it can be discussed routinely without fear. Information campagins and mental health weeks/days help, but they aren't a solution. Professionals and industry people need to start talking, those who suffer need to start talking, and to encourage that, we as Victorians need to start talking."

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?
"From a personal standpoint, the mental health system is broken and currently does not work well in any light, for anyone. Positive outcomes HAVE been achieved for some, but not without fighting the system, significant cost, loss of life, etc. People need to be encouraged to go to their GP, basic mental health training should be provided to all GPs. Encouragement can come from information, or friends and family once the question above has been addressed. "

What is already working well and what can be done better to prevent suicide?
"The fact that suicides are still occuring regularly should tell you that nothing is working well here. The whole system needs an overhaul first, so you stop losing people who are actively trying to recover. Secondary to that you can address those who are outside that scope. Education, support, better access to services will all assist in reducing this number. Along with an increased awareness in the general community, more people will know what to look out for in an emergency suicide situation. Perhaps a good way to support this would be to add emergency mental health training into the Ambulance service, A & E departments, and current First Aid or Medic certification."

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.

"Finding a mental health service that is bulk billed, or affordable is hard enough as it is, then you have to consider if that service has a place for you. This happens on a frontline level, basic services such as seeing a therapist or psycologist. If you happen to get in, you find yourself with a six week wait and only see the service once every six months. Those on mental health plans are recieving a dwindling number of service tickets per year. On a secondary stage, seeing the next level of support, generally a psychiatrist for medical intervention, is pretty much impossible for anyone without health insurance or a hefty wage. All the public psychiatrists are tied to hospitals or institutions, they're so overrun they will only see paitents that are suicidal, where does that level those who require medical intervention, but cannot afford to see a private psychiatrist? These people often fall straight through the gap, relapse, become suicidal, develop social issues. Public psychiatry needs to be accessable to everyone. Public psychology needs to be accessable to everyone. Be it through medicare rebate using a private service, or a full public service. No gap fees. Six months between two appointments is far too long for a positive outcome. Mental health issues change and move fast, medications need to be tailored to individuals. Regional paitents also suffer only having access to most services once or twice a week in any given month, if at all. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"The current poor state of the system is down to lack of staff, resources, financial support and the public system being so overrun it cannot take non-critical cases. Public staff need to be paid on a competitve rate. There needs to be a substantial increase in staff on all levels. Increasing pay rates will encourage those to educate themselves and work in the sector, and the decrease in overworked loads will also reduce personal pressure on professionals. This will reduce the rates in which professional staff leave the system. Resources staff have access to be it educational or clinical. Don't provide them with enough support to adeqately support and treat patients to an acceptable level. Often this results in relapse or development of other physicalogical or psychalogical issues. The system is under intense fiscal support, they do not have enough money to treat the current influx of patients and provide assistance to staff on all levels."

What are the needs of family members and carers and what can be done better to support them?
"Family members and support staff currently lack information about mental health. Be it the systems, treatment, or even the illnesses itself. More public education needs to be established. Professional carers should undertake basic mental health training or awareness, so they are further able to identify issues in those they care for if required. "

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

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?
"The easiest way to enable economic participation in the community is to not cripple them with the current excessively high cost with any mental health service, as the public system only accepts critical cases. "

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?

"The entire structure of the system needs to be changed from the GP and Support level upwards. Priorities should include; Medication Reform, Financial Support, Campagins to encourage people into the mental health system and projection of information from the system into the public sphere."

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

"Completely re-work the structuring and finanical support to the system. Set a minimum level of funding that cannot be altered by government changes or reform, that goes up with CPI and wages each year. Universities should be encouraged now to provide more mental health education so we can prepare to have more support and professional staff in the future."

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

"The way in which medication can be accessed needs to be reformed. I am currently unable to get access to medication I need, due to the scheduling of it in Victoria. It would be an out of pocket cost running in the thousands to get set up to even trial it. Psychotropic medication is currently a mess of differing schedulings, authority requirements and pricing. It needs to be standardised, accessable and as much of it needs to be on PBS as possible. We should NOT be stigmatising those who require powerful medications for treatment, whilst there is SOME risk of addictive traits being exposed with these medications, that risk is outweighed by the benefits, and if the system was working correctly, professionals and support staff would be able to recognise addictions in people, as that is a mental health issue in itself. The current system currently disables those who actively want to improve and be treated. "