

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

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

That people entering the mental health system be treated with respect. That people entering the system should be made aware of their rights in all instances of entering a mental health facility. Helping people to be less isolated after being given a mental diagnosis. That people be given a range of options and intensive support when required. Continue to increase the mental health peer workforce. More advertising on media educating people and advertising ways in which to get support.

## **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?**

"The booming peer workforce. Organisations such as Wellways providing opportunities for social activities and recovery programs. The subsidised GP care plan enabling to see a psychologist. However I feel there should be more access to psychologists and counsellors free of charge. Telephone helplines such as LifeLine and Beyond Blue are helpful. Again, I feel more advertising to make people aware of ways in which to receive help. I feel that crisis assessment team staff need to be more compassionate rather than forceful. That they be respectful of people's spiritual beliefs."

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

"Crisis phone lines such as LifeLine, Beyond Blue and Crisis Assessment team phone. However in regards to the CAT phone line, from my experience the Frankston phone line has been engaged at times which does not allow for people to get through to get help. Also, I have found at that hospital the CAT staff did not ring me back on one occasion. Again more advertising on media educating people of how they can get help. Also, people need to be taken seriously when they say they feel suicidal. Such as immediate crisis intervention in a compassionate manner rather than the person attempting suicide as a means to get help."

## **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.**

"Sometimes the medication prescribed may have bad side effects. There needs to be more doctor awareness of bad side effects and the doctors need to listen if a person has a complaint about the medication, rather than the doctors making out as though the "bad side effects" are part of the person's mental condition. There needs to be more awareness of the rights of people. More advertising on wards regarding how someone has rights and how to get support and second opinion if desired. Also, someone who is suffering may feel alone and there needs to be a proactive approach to help someone access social activities. Also, follow up once someone leaves hospital

by providing access to counselling services."

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

"Perhaps the areas experiencing poorer mental health may have people who have less finances. That may make life hard and cause people not to be able to cope. These areas may be more "rough" where it is the norm for people to use drugs and alcohol, which can lead to poor mental health. There needs to be more access in these areas for free drug and alcohol counselling services and free counselling services. Perhaps in these areas there should be free education groups on how to have good mental health and how to stay away from drugs and overuse of alcohol. Also, maybe more advertising on how to get help and have good mental health in these areas in places like the local newspapers and also in community centres."

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

"Perhaps family members need to be educated on how to positively help someone with a mental illness. Some family members may need counselling support regarding the unwell family member. I think family members need to have access to things like an "advance statement" so they can help their unwell family member to have their rights upheld in a hospital situation."

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

Good pay. Free health retreats. Free counselling services.

**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?**

"Some organisations have social activities, such as Wellways. However they are not always free of charge. Maybe also more advertising about how people can get free financial counselling."

**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?**

"People need to be more aware of their rights while in a hospital situation, particularly if they are an involuntary client. People need to be listened to if they are suffering bad side effects of medication. If a person has a spiritual interest, that needs to be nurtured rather than prohibited. There needs to be access to spiritual help if a person wants it. Complaints about staff on wards and ward experiences need to be taken very seriously. People should be compensated if a hospital experience has been detrimental. Staff who are nasty and forceful need to be taken out of those environments. Once again I feel complaints need to be taken very seriously. Also it needs to be made aware that people have the right to a second opinion."

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

Listen to peoples complaints and take it very seriously. Greater focus on counselling after involuntary detainment in order to help with trauma. Continue with surveying people regarding their experiences with mental health services. Continue funding towards psycho-social rehabilitation such as supported accommodation. Funding towards social activities. More media

advertising on how people can get help quick. Funding of crisis phone lines

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

"When I was first detained against my will in Jan 2005, I was told not to read the Bible daily and questioned as to why I was doing a puzzle of the interior of a Church. I was made to think that these things were part of my sickness. They may have been in a way, however no one offered to help me develop a healthy spirituality rather I was made to feel scared to be spiritual and that my beliefs were mostly mental illness. This is really bad as due to this I gave up my spirituality which gave me hope and a few years later I attempted suicide. Also in that first hospitalisation, some nurses had an awful sense of humor, such as one nurse saying regarding my father calling for me, ""Does he think we are going to chop you up and feed you to the birds."" I dont see how comments like this are helpful in an already traumatic situation. At another time a nurse spoke of the film ""One flew over the cuckoos nest"" in which a man ends up lobotomised. I am not sure why some nurses and even drs have a sick ""sense of humor"". Another horrible situation was in 2016 when I was detained, I was forced to take a medication I had not taken before. I started to experience very bad side effects which I told the dr and he did not believe me. It ended up that I blacked out at one point and I think had a seizure due to this. Also, back in 2009 when I was telling a different dr about how my medication had bad side effect he said that it was psychological. So they discharged me from that clinic where I remained on that medication and the bad side effects got worse and worse. Also, sadly I felt that the peer worker I had been working with for some time turned out to be quite nasty and rude and breaking client confidentiality. There needs to be safe guards in place for monitoring unhelpful peer workers, with complaints being taken seriously and evaluation in place such as client surverys on how they feel the peer worker was and any other staff involved. I feel complaints need to be taken very seriously regarding peoples experiences on the wards and in the services. People need to be made to know who they can contact to complain."