

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

SUB. 0002.0028.0455

Name

Anonymous

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

'- Better education by tertiary health services. Often misinformation is provided and people struggle to differentiate between acute mental illness (e.g attend ED or call local mental health triage) vs low impact illness (which can be managed by G.P) - Differentiating between mental and behavior disorders.

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?

"Whats working well// - G.P's able to commence and prescribe psychiatric medication. - Primary mental health r/v by public mental health services (allowing access to one off consultant psychiatrist review). Prevent and support early treatment and support// - More inpatient beds (specialized units for eating disorder, substance detox etc). - Increase funding for private health providers (currently rebate for social work and Occupational therapy is low therefore no incentive). - Increase funding to MH clinicians in ED and CATT. "

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

What can be done better; - Consistent approach between public MH services in Victoria (e.g most services have suicide prevention money but offer different services). - Less focus on risk driven intervention (due to practitioners worrying about coroners court).

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.

'- Patients being discharged early from Emergency Departments because National Emergency Access Targets (NEATs) mean that no one can stay longer than 24 hours. If someone needs to be admitted then the only option is discharging someone from inpatient early. - Every public area mental health operating differently (in terms of staffing levels and access to medical coverage). - Huge caseloads for clinicians to manage. - Public hospitals treating patients with a mental illness differently (e.g if presenting to ED...placing them all in one area). Often ED staff won't review patients and await ECATT input.

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

'- Poor information about what mental illness is and how to access treatment e.g when you can go to a G.P. - Poor community engagement and support. Area's experiencing poorer MH have limited skilled practitioners in the area. - Poorly managed public health services with staff often resigning (burnout) - Increase rate of aggression and violence in the community. - Limited resources

available.

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

'- Ability to share information about family members treatment. - After hours support services.

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

'- Increase pay and funding for education. - Less paperwork when seeing/reviewing patients. - Strategy to address burnout. - public services to be penalized if shifts are under rostered in community mental health (often to save money shifts are not replaced in the community services). - Introducing similar staff to patient ratio (like inpatient)

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?

'- supported workplace where centrelink benefits will not be impacted.

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?

'- Staffing levels. - Violence and aggression (often abuse is tolerated). - standardized service provisions across Victoria in public MH (every service operates differently)/

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

'- increase in graduate programs for allied health (currently victoria public mental health service is mainly staff by nurses) - increase in education (its okay for RU Okay day....but what do you do if someone is suicidal) - Move away from a risk model (where people will act more restrictive) and towards client centred.

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

Currently Victoria Mental health services are under resourced and under staffed. Staff are not wanting to work in Emergency Services because of high workloads and subsequent paper work. Daily staff are faced with aggression/violence where the cause is a behavioural disorder rather than a mental one.