

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

Organisation Name

Black Dog Ride

Name

Mr Ron Ipsen

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

"We have looked at this problem from a few different angles and have settled on a ripple approach as our most effective option. Our approach is characterised by:- Engaging individuals and groups to participate Reducing social isolation by participation and peer support Adventure and goal orientated rehabilitation Stigma reduction by self recognition and sharing experiences Education in effective recognition and responding without judgement Community engagement in rural and remote areas We attract (motorcycle) riders all around the country and encourage them to participate in awareness raising events (rides). Many of our riders are or have experienced mental health problems or are affected personally by suicide. The purpose of the rides is to raise awareness of the gravity of the situation and to promote the reduction in stigma locally. Participants in the ride are given a short talk by someone with lived experience, given materials from us and organisations like Lifeline on effective responses, and encouraged to seek help or assist others in seeking help. We generally run 4 types of rides. 1. One Dayers - Each year on the same weekend we hold local rides all around the country, usually there is about 40- 50 rides in different locations. In Victoria last year there were 8 rides organised by different local communities on the same day. These rides are often introductory in function and attract new riders. These rides are over the course of a day and usually visit one or two towns to stop and chat to locals. The large group of motorcycles is our way of attracting attention and opening conversations. These rides are often run in conjunction and supported by groups like Lions, Rotary, Lifeline etc. This helps with community engagement also. 2. State Rides Longer rides around the state generally in the vicinity of a 5 -7 days long. These rides starting from one point in Victoria and tour towns and regions. Random conversations are opened up by riders with the public at the most unusual places as people want to know what is going on. It doesn't take long for people to start talking about their experiences to the riders, and the seeds of stigma reduction and acceptance are planted. 3. Event Rides Black Dog Ride (BDR) is the charity of choice for some major motorcycle events. For example the World Superbike championships at Phillip Island. Here we organise a 2 or 3 day ride from somewhere in the state to end up at the Phillip Island circuit where we do a lap around the track (a big draw card for riders) and then set up a stand in the exhibitors pavilion for the duration of the races. 4. National Rides These are an annual event where the riders from all parts of the country form state teams and proceed to a common destination, usually somewhere central such as Uluru, Alice Springs or Darwin, though we have done Tasmania to vary things a bit. We want to build the capacity of individuals to recognise signs of mental illness and know how to respond in a helpful way. People need to have a greater depth of knowledge about mental illness generally and about what services are available and appropriate. Our organisation aims to achieve that outcome by equipping community members to present workshops across their locality. The workshops we equip people to present include SafeTalk and ASIST (world leading proprietary suicide prevention programs), Mental Health First Aid (a well recognised Australian mental health awareness program), and our own Black Dog Ride community awareness program.

This approach will also contribute significantly to de-stigmatising mental illness and reducing discrimination born out of ignorance. Over the last 10 years Black Dog Ride has developed a large community presence right across Australia. We have over 500 volunteers and over 8000 participants in our current awareness raising activities at present. "

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?

More people are slowly becoming aware of mental health concerns that's working. But for a great many people there is little depth to their understanding. Few people know enough to pick up signs of trouble and fewer people know what to do about steering someone in the right direction to seek assistance. Peer support and shared experiences are helping with individuals recognising their own triggers and managing better.

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

"More people are slowly becoming aware of the size of our suicide problem that's working. But for a great many people there is little depth to their understanding. Few people know enough to pick up signs of risk and fewer people know what to do to help, or how to get someone into an appropriate service."

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.

"More people are slowly becoming aware of the size of our suicide problem that's working. But for a great many people there is little depth to their understanding. Few people know enough to pick up signs of risk and fewer people know what to do to help, or how to get someone into an appropriate service. 4. 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. This is not an easy question, the relentless economic march to privatisation has not helped. This has affected both the general job market and the delivery of mental health services. Latrobe Valley for example has the highest rates of psychological distress, domestic violence and high drug use. This was not the case before the industries became privatised and profit orientated. Unemployment and employability are huge problems, coupled with the demonization of the unemployed by political parties, the media and bodies like centrelink it is very difficult for individuals to establish self esteem or even self-acceptance. If we add the poly problems of AOD use the situation becomes worse. Mental health facilities in rural regions like this are woefully. The push for home caring as the only fundable model has overlooked the functionality of live in rehabilitation, our larger sanctuaries have been demolished. Most psych services in rural areas, particularly hospital based, are short stay and emergency only. In the past these patients would have gone from emergency care to rehabilitation facilities where they could be educated and cared for as a community. These are all gone now, leaving only the few days stay at the critical wards and then back into the community where the problems originated. There are no longer safe places to learn new paths and behaviours. "

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

"Poverty is becoming endemic, the gaps are getting wider, there are no real jobs any more, the casualization of the workforce has reduced the stability of employment. Stress levels are high and

the working poor compete against one another to provide services for scraps from the big corporations. People lack purpose and community connectedness. Volunteer programs and goals help with this problem but are overlooked and underrated as work that could be done goes to tender by default. Some mental health teams (Government mental health services) have a very negative culture. Mental Health workers in regional centres have fewer job options, so stay in the one job longer. This can lead to clinicians continuing to work until they are burnt out and sceptical. Burnt out, sceptical clinicians working together leads to poor services. "

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

N/A

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

"There needs to be rotation, to combat burnout. Too many mental health clinicians in rural centres stay far too long working in well paid mental health services. Larger residential bed facilities need to be established to lighten the load on the pointy end."

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?

Volunteer opportunities and programs to get them out and about. These need to be funded and have an educational and peer support component.

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?

N/A

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

N/A

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

" We are having a go, many of us not only because it is the right thing to do, but because it helps us. It gives us purpose and goals, these are the key drivers of staying alive and well."