

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

## Organisation Name

N/A

## Name

Mr Ian Denney

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

Better education in schools. Better regulation around media reporting. Positive message from government and providers.

## 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?

"Nothing is working well, literally nothing. I have worked in various areas of mental health and am yet to see anywhere which works well. The system is woefully underfunded in all areas, steeped in external and internal stigma, poorly structured, difficult to access, difficult to navigate, disjointed. To prevent mental illness and support people getting early treatment and support there needs to be significant investment, training and resources at the primary care level. If this can be achieved and the public be made aware that primary care mental health (and dual diagnosis) treatment is readily available then there would be better and faster outcomes for all involved and the bed shortage would be significantly improved without actually adding in additional beds. The benefits of keeping consumers out of the inpatient system are significant beyond words."

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

"Nothing is working well, literally nothing. See above answer, people need better primary care to head off the need for post-incident treatment. Also, CATT/ECATT teams needs to be larger and more accessible."

## 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.

"See above answers - better investment, training and accessibility in primary care."

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

"See above answers - better investment, training and accessibility in primary care."

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

"Families and carers are frequently neglected or ignored by the providers. Not because they want to, but because they do not have budget to employ staff to help look after families. Every service needs funding for family therapists. Primary care needs funding and training to help look after family and carers."

## What can be done to attract, retain and better support the mental health workforce,

### **including peer support workers?**

Better training at university level. Bring back dedicated mental health nursing degrees. Better support from government. It is hard to attract clinicians to a sector which is perceived to be unsupported and underfunded.

### **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 evidence tells us that mental health consumers whom are treated as 'normal people' have faster and longer recoveries. Very little is done to promote this approach in the community.

### **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?**

"Primary care! There are people languishing in SECU's for years because there is nowhere else for them to go. People who will never be well enough to live or care for themselves in the community safely, so here they are, stuck on mental health wards year, after year, after year, blocking beds from being used by people who could be rehabilitated. There needs to be new facilities where these folk can live out their lives safely and peacefully, but not in a hospital environment."

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

Commitment to sustained investment. Start modifying university offerings to train the future workforce properly. Empower staff and organisations to make positive change. Entice people in with clearer career paths.

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

"I have been frequently frustrated working in this sector for 5+ years. It is near-impossible for consumers to understand and navigate, and nobody at government level seems to care. I became a Mental Health nurse to help people, and the nature of the system and lack of investment makes it difficult to more than Band-Aid them ready for quick discharge; we wouldn't do this to a medical patient, so why are we expected to do it for a mental health consumer? Furthermore, the disconnect between Mental Health and AOD is just absurd. Can nobody at state or federal government level grasp the simple premise that they are both mental health? There number of AOD consumers without co-existing mental health issues is pretty much zero, but service wise they are generally treated by two different service systems which fail to communicate and are difficult to navigate. AOD needs to be integrated into mental health and more dual diagnosis services offered through collaborate of state and federal governments instead of the state having to go it alone. I ran project to design, build and open the twenty dual diagnosis beds at Western Health as part of the 100 beds rehab project so have seen first hand the pain experienced by this cohort of consumers and the way the system lets them down."