

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

Organisation Name

N/A

Name

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

"Education needs to occur within schools that are realistic and brave. Teachers, professionals and families often are scared to ask the hard questions. Questions need to be asked. Discussions need to be frank and at times confronting. Environments need to be safe to have these discussions. Workplaces need to be open to being supportive of staff who may be experiencing their own battle with mental health or who may be supporting someone who is. This means that staff feel comfortable to disclose without fear of management not having trust in them to do carry out their work effectively."

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?

Treatment needs to be trauma informed and services need to be more accessible and they need to be affordable. Waitlists are unacceptable. Services are overwhelmed and understaffed - wait times are terrible. Psych triage can have waits up to several hours. For someone who is feeling suicidal this is adding to their feelings of isolation. Diagnoses are all well and good although the reality is that people are being impacted by mental health at a much younger age and this is conflicting with diagnosis identification.

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

"Responses to suicide need to be faster and more effective. If there is an immediate risk, contacting 000 is very helpful although for young people in out of home care - carers and support workers are being required to contact 000 any time there is a risk. In one way, this is good but after awhile 000 will stop responding and won't attend due to being sick of it. It's unfortunate because as we know, mental health is an ongoing issue and suicidal ideation can occur frequently for some and the reality is that sometimes what happens is that health care professionals start to stop responding in the appropriate way. Furthermore, sometimes 000 calls are being made unnecessarily. A young person may identify as feeling unwell and if the support person felt comfortable enough to unpack what was going on - 000 may not need to be contacted but sometimes it's ass covering as well."

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.

"Often it can be quite difficult for consumers to access mental health supports and the reasons vary. Often, mental health can lead to relationship breakdown which can then lead to homelessness and increased vulnerabilities. What may be an initial diagnosis of depression could lead to drug induced psychosis if a person begins using substances as a coping mechanism. Dual diagnosis is very challenging and then the issue becomes that alcohol and other drug services won't work with

someone until their mental health is under control and vice versa. In relation to housing, if you have had recent hospital admission some mental health supports will not provide service because you are labelled as too much of a risk. So where do you go then? Mental health services need to be more equipped to deal with high risk cases and need to also be more comfortable with sitting with a certain level of risk. Unfortunately, people are worried about their own interests before the patients. A national database linking information such as SHIP where all services use a similar database could be useful. What we need is more open communication around health department and social services because often mental health limits a persons capacity to engage with other services. I feel that this is because support services are not sure how to approach clients particularly those who may live with borderline personality disorder or bipolar. Some support workers do not understand that verbal abuse and aggressive behaviour is part of traumatising and may not necessarily be a sign of no respect. Service delivery will often cease which then compounds the issue. Clients are once more isolated."

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

"Limited understanding and patience. Its as simple as that. There is a difference between attending training and actually accompanying someone on their journey. More collaboration needs to occur between gps, support workers and mental health practitioners. Staff also need to not be overworked as burn out is high amongst professionals."

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

"They need to have support for their loved ones. They need out reach support and they need it to be at a reasonable cost. The current amount of bulk billed sessions are not enough; these need to be increased. Voluntary treatment and involuntary treatment requirements need to be reviewed - at one point is intervening necessary? Police responses? Are clients being sectioned enough or not enough and why is this. In relation to family violence - are survivors receiving appropriate mental health support that is trauma informed and is it accessible? At the moment all of this impacts family members because the impacts of mental health is widespread. And what about support for those who are not Australian citizens? What does that look like. These things need to be reviewed. Too many cases are slipping through the cracks. We need more beds in hospitals, we need more housing options and we need ongoing sustainable treatment plans for patients. Families often bear the brunt of financial contribution often having to support their loved ones. Many clients have often told me that their loved one can become violent but there is no housing option so they keep them at home because it is better than being homeless. "

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

Support workers are experiencing burn out and vicarious trauma at an alarming rate. This is leading to support workers own mental health deteriorating. Debriefing and supervision needs to be regular. We say this - but it actually needs to occur. It has got to happen regularly. Course delivery should be reviewed. If trades can be learnt through apprenticeship than this should be a pathway for staff in this field as well. You should have from the start - field learning that is not placement.

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?

There are opportunities available but currently how sustainable are they and how effective are they? If you were at your lowest how ready would you be to engage in social participation that wasn't unhealth risk taking behaviour? For those who are able to have high functioning lives then peer groups and job providers that are available can be useful.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Number of bulk billed sessions Psych triage wait time needs improvement Mental health housing Dual diagnosis supports Psychiatric facilities - staff have been known to harm and engage in appropriate behaviour with clients

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

"Speak to clients, speak to youth and speak to workers on the ground. Ensure it's confidential and make it mandatory that feedback is occurring at regular intervals. An example of this could be that reviews occur yearly. Drop in unannounced to do reviews, come on lunch breaks or before management arrive etc. too often management are putting on a show to receive additional funding and assessors are missing out on how bad things really are. "

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

"Mental health is an ongoing crisis. It's a crisis for families and it's a crisis for those experiencing mental health. Recommendations need to be valid and they need to be real. What I mean by this, is that we cannot be allocated funding for change and then change occurs for the sake of change. Don't change what works and don't implement change in areas easier to tackle. Don't re-design models or re-design policies. Access to firearms for AFP have changed now due to the high number of suicides occurring, but don't you think that if someone's going to kill themselves - they'll find a way? That is a change that is benefiting no one but the people making the change to show they've done something to address the issue. Responses need to be much deeper than that and we need to get to the crux of this - i.e. how do we support our staff who are experiencing mental health due to the exposure to trauma and how do we combat re-traumatisation? If a young person is labelled as an attention seeker, what is going on for them? Be curious. Ask why. Don't stop at the labelling. Because something is going on"