

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?

"There is a large impetus on society to be O.K. The pressure on men, in particular, to not disclose feelings of emotional distress or show weakness is a huge problem. Men who don't seek help often rely on their partners to confide in and this often puts pressure on the relationship and their partner. If there are no positive coping skills to draw on this can be detrimental to relationships. Start approaching coping skills as a necessity of education. It's likely if you don't have a mental illness yourself you know someone who does. These skills are important to lifelong wellbeing in all parts of the community. "

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?

Sometimes mental illness is not preventable. Mine was genetic and environmental. Early treatment is difficult to get if you don't know what you're looking for. I had been having panic attacks for 7 years before I discovered what they were. Leaflets to high school kids with signs and symptoms could be a good start. The connection between drug use and exacerbation of mental illness needs to be made more obvious. The peer support initiative is excellent and I intend to become a peer support worker. The new initiative to send a Mental Health worker with a Paramedic in an ambulance victoria car rather than a proper ambulance is much less threatening. Triage this way is better for the individual if they are not in physical distress due to injury or overdose.

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

"More services. More beds in psychiatric wards. More projects like PARC (Prevention and Recovery) run by MIND Australia. A lower threshold of illness to be Case Managed by public outpatients clinics. Most case managers (Mental Health Clinicians for outpatients) have numerous clients and still barely manage to cope with the workload. If you could case manage clients who haven't already been admitted to hospital there would be a reduction in suicide because rather than treating individuals only after a crisis, you're getting them talking to clinicians before they're displaying at-risk behaviors. A guideline of ""When to go to the hospital"". This could be helpful for those who have never experienced a loved one having a mental health crisis. "

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.

"Socioeconomic status is a big factor. Genetics and environment. More free treatment programs in areas other than cognitive behavioral therapy. This therapy does not suit everyone. Schema therapy, Dialectical Behavioural Therapy, and mindfulness classes would help improve mental

health. "

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

"Financial stress, exposure to services. Lack of outreach services. "

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

"Counseling services. Mental illness affects the whole family. People with significant mental illness are often the ""Black Sheep"" of the family and the families have little or no support. Frequently they have no skills to deal with mentally ill loved ones. "

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

Access to Peer support training. The only peer support training I can find in Victoria is either full fee paying and beyond my means or isn't available in my area. More staff and higher wages.

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?

More online training courses. More support groups.

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?

"More beds in inpatient units. Revising the type of care in high dependency wards, these wards are frightening and staff frequently suffer burn out from working in mental health. Funding for more peer support worker jobs and case managers. Free programs for a more diverse range of therapies. More on call psychiatric triage workers in emergency departments. Resource centers for mental health that are like drop-in centers. "

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

Start hiring more staff. Start funding more prevention and recovery centers. Research into various types of therapy and their efficacy on specific disorders. Most affordable therapy is not disorder-specific. You get stuck with what is available that might help.

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

It's difficult to get a bed in inpatients when you need one and I've been turned away with disastrous consequences more than once. It's likely you won't find people who can tell you more about what they don't want than what they want. A survey might be helpful.