

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

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Name

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

"Currently I work in more rural school communities where there is still often limited understanding of the benefits of preventative, wellbeing focused, mental health prevention practices. There are also limited pathways to mental health support services the more rural the town - for example, Lilydale (3140) has many services, Seville (3139), has minimal. In the latter access to bulk-billing psychologists is non-existent however, due to the demographics, this is often what is needed. The out-of-pocket expense of a psychologist is simply too much for many faced with suicidal ideation/depression/addiction. An increased awareness of the normalisation of mental health issues would be ideal. Commercials on TV showing, not only advanced mental health illness, but also the effects of long term use of drugs and alcohol on mental health; what depression actually is, how it presents; when is it advised to seek help vs when a friend is sufficient; the effects of long term self harm & suicidal ideation, etc. This may educate adults however, more needs to be done from a very young age. Awareness can be built from the early primary school year levels. Awareness of holistic wellbeing should be implemented into our school curriculum. Agencies, such as Smiling Minds, already have amazing resources to assist schools along the path of Mindfulness. Prevention and awareness education at an early age will do well to reduce our levels of adult mental illness, I believe. Previously I also worked in a medical clinic with several GPs, psychologists and a psychiatrist. I discovered that not all GPs have a good sound working knowledge of mental illness and how best to refer/support patients through this. This was especially true for children with mental illnesses and the diagnosis or referring on for these (this information has been reinforced as I hear from the parents of students who go to seek help from their GPs and discover their GP is ill-informed). There should be more compulsory specialised training for GPs in this area. The general public also needs to be better informed in regard to what help is available and where their first port of call should be. Go to their GP, knowing what a MHCP is and gaining access to one should be common knowledge."

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?

"The access of the Mental Health Care Plan is working well. However, for those who have experienced chronic mental illness (especially due to trauma) often discover that the 10 subsidised sessions are not sufficient. Perhaps a further extension of x4 visits to a psychologist in the calendar year would be beneficial? From the start of this year I have been conducting 15 minute mindfulness sessions in each of the grades at [REDACTED] PS each week. These sessions are being supported and reinforced by the teachers on the other days. Much of the material I use comes from the Smiling Minds curriculum for schools. We are starting to see the benefits of this already. Benefits of the children being open to practise preventative measures (especially through deep breathing and ""talking"" to a trusted adult); understanding the functioning of the brain to better learn to emotionally regulate; the benefits of ""paying attention"" to what is going on within

oneself; the positives of kindness and gratitude; the normalisation of discussing emotions and articulating how one is feeling. In my previous placement in a high school I discovered first-hand how the above awarenesses had such positive effect on the students I supported - many with mental illnesses. As those in primary school learn these practises from an early age they will be better prepared for the emotional turmoil that high school and puberty often brings and also for the stresses of adult life. I work in 2 schools, in one the principal sees the benefits of prevention/mindfulness, in the other the principal does not seem to. Making prevention measures part of the curriculum would ensure that no child, nor family, would miss out of this vital knowledge and skills."

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

"From my school experiences - working with children and young people from ages 4 to 18 - counselling, with psychologist with experience with children, does work well. Engagement and support from the wellbeing staff is also vital - not just for the student but also for the parents. Suicide prevent must be provided by the child's whole ""community"" - all of whom need to be on the same page. I have personally walked the journey through some very painful high school years with several students wanting to suicide on a regular basis - communication between the support team (school, external agencies, parents) is vital. All parties much understand this in order to best support a young person through this. Not all schools have access, or know that they can gain access, to external psychologists. The DEET psychologists simply do not have the hours to dedicate to counselling such students so school need to be better informed and equiped to have psychologists engaged. Chaplains/Student Wellbeing Officers working alongside the students is also vital, especially in high school. However, not all schools have even these resources. Students need to know who is 'safe' and trusted to go to, at any given moment, when they are feeling vulnerable in regard to suicide. Safe/wellbeing spaces should be included in each school design. Most families don't know how to support their child through suicide ideation/attempts, there should be education for the parents also - signs of what to look out for; what is 'normal' for teenagers, what is not; who to go to for help within the school or privately, etc.."

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.

"Finances, along with long waiting times for appointments to see psychologists, are often the hurdles. There is a dire lack of bulk-billing psychologists and the out-of-pocket expence for the 10 MHCP visits is often simply too much for many to warrant placing counselling as a priority. A good understanding too of the importance of gaining support sooner rather than later is also important. I've discovered that many folks simply feel that mental illness ""will pass"". There is also the sense of weakness - they have not had the strength to overcome their struggles as others seem too. In this they struggle to express their issues. As a society we need to normalise poor mental health just as we do ill physical health. There should be no difference between the two. "

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

Rural townships having zero services locally. Perhaps one solution is transportation to services for these rural towns?

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

them?

"Case Management - Some sort of agency to be established that can "Case manage" a family and their support pathway. This needs to be centralised. I currently support families, in my role as school chaplain, to direct families and refer them to a myriad of assistance - from mental health to practical support, to food banks, etc.. Without my support and "case management" many of these families would still be without assistance. Often times those with mental health issues simply do not have the capacity, to walk the complicated road to services, unassisted. Respite - Parents struggling to support children with mental health issues so often do not have the respite and support they need to manage day to day, let alone eventually having mental health struggles themselves - due to isolation, extreme tiredness, lack of contact with adults, etc, etc."

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

Regular clinical supervision for staff and ad-hoc when stress accumulates/traumatic situations arise. Acknowledgement of carers/support fatigue.

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?

N/A

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?

Education - implementation of prevention into school curriculum; normalisation of mental illness/awareness media campaigns. Make mindfulness in the classroom as normal as ABCs and maths. Increase of the MHCP from 6 +4 to 6 + 4 + 4 = 14. Many clients/patients struggling with chronic mental illnesses simply cannot afford the needed mental health appointments. Increase of the medicare levey for psychologists and psychiatrist - reduce the out-of-pocket expense. This will in turn ultimately increase the number of students looking to study these pathways at university.

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

N/A