

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

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

"Education of people in positions of power (ie employers). The education needs to be more than this is what anxiety is' and expand on the benefits of allowing people to treat their mental health issues. The problem at the moment is that persons in positions of power, like employers, take a very rigid view that mental illness is a weakness which will be an ongoing issue and never resolve. While I may be vocal about mental health with my colleagues and am in a fairly secure position in my workplace, I would not feel comfortable with my employer knowing about any of the mental health issues I have faced or currently face. There is almost a generational divide between those (generally younger) who have a good understanding of mental health and older generations who still view mental illness through a lens of stigma. I work in a professional area with a horrible rate of mental illness which is almost never discussed with senior practitioners. I know that among my cohort there are significant mental health challenges while also a very clear understanding that any disclosure of such would destroy one's career. We don't trust them. "

## **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?**

IF you are lucky enough to have a good GP they can identify mental health issues without a patient necessarily disclosing it. That is a big if. GPs and front line services need to be far better educated in identifying mental illness and appropriately responding.

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

"People need to feel like they have options and are safe in receiving treatment. Fear around disclosing mental illness is supported by the consequences, especially in the workplace, of disclosure and seeking treatment. A person in that situation is already feeling isolated and vulnerable, to not feel disclosure is a possibility, let alone something with negative consequences, creates a culture of silence. Unless mental health is treated like physical health suicide will continue to be such a big problem. If you don't feel comfortable talking you are going to continue down that dark path."

## **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.**

"Access to treatment is very difficult and often front line doctors have a very limited understanding. I was diagnosed with adult ADHD after a life of anxiety and depression. It was never picked up when seeking treatment for anxiety and depression because I had attained tertiary qualifications. A psychologist recommended getting checked, my GP reluctantly provided a referral (to a private clinic because the wait otherwise would have been months). On diagnosis my GP disputed the findings because you are pretty successful and smart, there is no way you have ADHD'. Were it

not for the fact that I am educated and confident in such situations this would have been extremely difficult to handle (speaking to others who have been in this situation I know how cutting this can be). The fact that a GP who clearly did not have a good understanding of mental health was able to dismiss the findings of a psychiatrist is really poor. The same GP tried to convince me I did not need medication for ADHD (preferring an anti-depressant which I eventually stopped taking with the help of a psychiatrist and new GP because the original GP did not tell me how difficult it is to stop). Fortunately I was fully aware that this was not his decision and stopped seeing him (he also initially refused to change the medication on my records from Ritalin to Dexamphetamine because he said they are the same thing' which they absolutely are not). In seeking this treatment a few things became apparent to me. GPs can be a mixed bag with some being quite knowledgeable and others having absolutely no idea about mental health. GPs will often overstep' their role in providing comment on the findings of a psychiatrist which they wouldn't do with another specialty. Accessing psychiatric services is either a slow process or an expensive process. People with mental health issues, especially those lacking confidence and education, in this situation could very well end up receiving inappropriate care. The GP was wrong, the ADHD medication (combined with counselling) led to my anxiety and depression disappearing. The SSRI that I was originally given was not appropriate in the circumstances but the Dr did not ask sufficient questions, it provided minimal relief. The GP did not explain the side effects of an SSRI (such as weight gain and loss of libido) nor just how hard it is to wean off the medication. While I can appreciate that a GP seeing anxiety would want to treat it asap, this needs to be done in a way that better understands the causes. It took three months to come off the SSRI, three months of horrible depression and anxiety with regular suicidal ideation. It was never disclosed to me that this was a risk. "

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

"Financial and to a degree social. Generally people are better understanding mental health in the community, however access to and the cost of treatment is prohibitive, especially in rural settings. There are very few services available publicly in rural areas, even in Melbourne. The cost of accessing services means that a person has to either wait for an opening which can take months or find a way to pay. Even psychological services covered by a mental health plan come with a gap payment. It takes a lot of effort when suffering a mental illness to seek help, this should be recognised with easy access to services. In 2018 my out of pocket costs for psychological and psychiatric appointments was \$1,900. Fortunately I am in a position to afford this, had I not been I firmly believe I would not have accessed any services. My clients are persons who suffered childhood trauma and are socio-economically disadvantaged. Their ability to access appropriate services is alarmingly lacking. "

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

"Financial assistance. My experience through my work (dealing with clients that have suffered significant psychological trauma and often rely on family or other care) is there is a good amount of education available. The problem is the financial toll it takes on the person providing the care. The provision of care is a significant amount of work, and it is unlikely you could retain employment at the same time. It is a disincentive because the cost of lost income (as well as having to walk away from the workforce) is too high for many."

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

"Pay them appropriately. It is work that requires a high level of skill while being mentally taxing, if someone isn't paid properly they won't do it."

**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?**

"Engage them in society and the workforce. Often they are treated as broken individuals who require charity. The reality is they need a chance to prove themselves without the stigma. Employers are clearly reluctant to even engage someone with a mental health history. It should not be treated any differently to re-entry into the workforce, or social settings, after a physical injury. A person who suffered a physical workplace injury does not return to the workforce with the stigma of someone who took time to work on their mental health. "

**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?**

"Access to services. This requires GPs to be appropriately trained in mental health (both identifying issues and treatment). Services need to be easy to access, in terms of time and financially, otherwise people will not engage with them. When someone has an ongoing mental illness waiting weeks or months to see someone is simply too long. Where the two options to access treatment are to wait or pay the system is never going to work. The fact that psychiatry is not available as part of a mental health plan is a gaping hole in the system. If a patient needs psychiatric intervention (often merely by virtue of the required medication) this should not be treated as less important than psychological counselling."

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

Education and funding

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

"Often the provision of care requires far more effort from the patient than any other ailment. From my experience as an adult recently diagnosed with ADHD this really needs to change. It is ironic, almost humorously so, that in order to receive treatment for ADHD you are required repeated psychiatrist appointments, strict limits on medication (including wait times between scripts and limited repeats), and an absolute multitude of hoops you need to jump through. While there are clearly concerns about medication misuse, this process is essentially the worst possible way to provide treatment for people who lack executive functioning and whose symptoms are completely antithetical to the requirements. The fact that Vyvanse, a once a day tablet, is only available to adults for \$130 is a great example of the absolute disconnect between the condition and provision of treatment. Instead of taking a pill once in the morning I need to take 4 spread through the day, I need to make sure I count them out in the morning and set alarms when I need to take them, often needing to sneak away from a meeting or clients to do so. The degree of organisation required to be treated for ADHD is genuinely laughable. We know as a society that if someone wants stimulants they are able to get them, be it illicit street drugs or controlled medications bought on the dark web. It simply adds a significant barrier to treatment while doing nothing to stop people abusing stimulants. Further, these hoops will be required for the rest of my life. I am required to

have my permit updated for a condition that never abates and have regular reviews with my psychiatrist. I will forever have to make sure I am in work attire when I go to the pharmacy because I am sick of being treated like a junkie. I am unable to access the most convenient of medications for my condition because it is not on the PBS for adults. ADHD leads to significant anxiety and depression, especially when untreated. People with ADHD are one of the most likely groups in society to commit suicide. Yet to be treated in Australia is just so difficult, I understand why some don't bother. Although out of the terms of reference for the commission, I recently moved to Hobart from Melbourne (about six months ago). The inability to use interstate scripts and needing to go through the whole process again highlights the lack of national leadership on mental health. People should be able to receive treatments as an Australian, not as a Victorian or Tasmanian. "