

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

SUB.0002.0032.0144

Name

[REDACTED]

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

"Education starts in primary schooling - age appropriate & in secondary education introduce compulsory reading which have lived experience - Titles such as Tell me I'm here - author Anne Deverson, First we make the beast beautiful author Sarah Wilson The Collected Schizophrenias by Esm Weijun Wang An Unquiet Mind: A Memoir of Moods and Madness by Kay Redfield Jamison The Center Cannot Hold: My Journey Through Madness by Elyn Saks Educate corporations, business- sporting clubs- hospitals- mental health classes. Campaigns - via mental health council (governing body) not left to branded organisation such as beyond blue, headspace, oxygen. etc Change our language, no more words like crazy, schizo, nuts, insane, mad, lunatic & cuckoo, People with mental illness to be respected & acknowledged just the same as people who have a cancer diagnosis. Raise the profile of mental illness Utilise Media - abc mental health week programs every year are absolutely brilliant. Radio - Social media People with lived experience share their stories & life experiences in schools Business Corporations"

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?

"2: What is working well- Skilled empathetic case managers & social workers Excellent Clinical psychologists & psychiatrists People with lived experience employed in the industry Campaigns such as are you ok? LIVIN group. Respite care with support workers eg: Parks in Ringwood East referred from Murnong mental health services Lifeline. Prevent mental illness- help to prevent As physical education is part of curriculum in schools -MENTAL HEALTH EDUCATION must be introduced as an equal component of the curriculum. (not the practice of mindfulness & meditation) although invaluable. Prevention is better than the cure. Community education on causes of mental illness similar to Heart disease, Quit Smoking, & SunSmart campaigns through public media & social media. normalise mental illness as a serious medical condition & part of the human condition - Going to Family member, friends, GP as starting point when something just doesn't feel right. Supporting family & friends to help their loved ones to get assistance. "

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

"Working well with suicide prevention Lifeline Psychiatrists that bulk bill Families educated about mental illness & Suicide prevention & supported by other family members & health professionals. Carers being there What can be done better.? Try to get permission early from clients for medical staff to be able to discuss their clients with family if appropriate. Privacy act makes this difficult for health workers & family. Not just asking the question? have you thought about or put any plans into action Workers & professionals not just ticking boxes, to protect themselves. They all need to be focused on a positive outcome for the clients. Be there ... for people- increase communities of support Reach out- reach out & reach out Remove suicide information off YouTube or the internet (an impossible suggestion I know) On discharge from hospital - clients are continued to

be cared for & valued - be there with outreach psych nurses & case managers who are not under resourced, over worked with case management & are well supported within their working environment . "

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.

Although NDIS has included mental illness as a recognised disability I believe it does not improve economic participation just from our personal experience and information received from delegated NDIS work out we have had a negative experience on finding job opportunities the government system to attend disability employment agency is don't cater for people with mental illness disability opportunities need to be made for people with me to illness until the stigma has been addressed until community education business education has been addressed I cannot see this improving

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

N/A

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

"Needs of families & carers If possible included in treatment plans so workers & family member feels supported & visa versa A copy of treatment plan is given to family- carer Their family members are treated with respect & they are reassured that everything will be done to help their family member recover. Family members - carers are treated with respect ,& listened to. Not given 6+ pamphlets on where help is available or what groups to join , especially at the early onset of treatment & diagnosis. This is a frightening , overwhelming time for us. More forums , outreach programs . Paid carers reassuring new family's dealing with a loved one with me to illness "

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

N/A

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?

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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?

"Areas for change we have to stop allocating so much money into well-established brands for

example Beyond Blue , Headspace and Origen. I know I will not be popular with those professionals, that have assisted and supported those who access these services. Coordinated equal funding to all service providers across the state and especially regional providers is needed . It's not about just talking the walk it's about making this happen. The inequalities within service providers is obvious to professionals , clients , families and friends. Seperate treatment facilities for drug induced psychosis & dual diagnosis clients with first class trained staff in addiction, psychiatry, trained medical security , & recovery clinics . This will take the load of our public hospital casualty ward & in our public mental health hospitals which cannot cope with what is currently happening in our drug fuelled culture. Insisting that systems be set up immediately where excellent ongoing support is provided for people being discharged from hospital - those that need to be transitioned from hospital to a respite (parks) Clients that can have support at home have out reach case managers , support workers and trained GPs visiting in the home. It's difficult at such times for people with mental illness to attend appointments made for follow ups..sometimes the energy required to do this is overwhelming "

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

N/A

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

"Thank you sincerely Penny Armitage and commissioners to accept this mammoth role. My name is [REDACTED] I am a mother who has two adult sons both diagnosed with mental illness . Since 2000 my oldest son has contended with schizophrenia for 20 years and my youngest son has been living with bipolar disorder for nine years. I am not a professional working in the health sector. I am a mother , a carer & advocate for her sons who like many submitting their experiences have a story to tell . I have not gone into specific detail & trauma experienced by our family , but I have clearly outlined our experience for you. I have had a local family GP call me for advice on how to assist a desperate family to get treatment and follow-up care for their adult son- only because I had previously disclosed my experiences and battles with him. I have vast life experience trying to navigate the mental health system , many times with a heavy /broken heart - trying to get adequate care, support , correct medications & very good compassionate case managers that are there for the right reasons fulling their duty of care . At times I have been unable to get help during the most desperate life saving times. It has taken my eldest son to be allocated to a wonderful, sensitive psychiatrist from a mental health clinic to refer him to another zoned mental health clinic who she believed would be better resourced to assist my eldest son in his recovery & assist with his negative symptoms. And this was his turning point. Then having a brilliant case manager & psych nurse who were there for him (most of the times). My son was doing well , keeping in mind that mental illness can be episodic. During his treatment plan he has been fortunate to stay in a 10 bed prevention & recovery care facility. Where he has had 2 weeks intensive residential care. This has been so positive for him & also for myself . He has since been zoned in another area because of where he lives & the transition was not smooth. This mental health clinic is obviously under resourced to the amount of clients they are treating . Psychiatrists are registers, who mostly have no connection with my son. Lots of ticking boxes, & my son having to repeat his story every appointment when a new psychiatrist is placed. He has been told that they are going to discharge him to a GP. My son has raised his concerns stating to his treating team I have a very serious illness I need all the support I can get. Do you really understand I can't do this alone. Unfortunately at the time of this submission being written he has not seen his case

manager for 12 weeks. She has been busy & cancelled appointments. I hope you can understand my concern . I don't want him to go backwards . My youngest son was always afraid of getting a mental illness . He had experienced the pain of seeing his eldest brother suffer . In 2010 I found myself unexpectedly trying to assist my youngest son at age 25 get help in the public health system when he was diagnosed with Bipolar . A devastating blow to our family. Just the three of us. A local GP assisted in calling triage , assessments being made but no further assistance being offered because he is not a threat to himself or anyone else . They could not refer him to the local mental health clinic that my eldest son attended. I wrote to three psychiatrists asking them to consider bulk billing , they refused. It wasn't their business model because of costs. Even though so much money has been given to some mental health groups it has not helped my second son who was an adult over 25 years of age. I gave up full time work to care for my eldest son. I could not afford private health insurance or pay up to \$330 to see a private psychiatrist. In 2004 Peter Ellingsen who was a journalist for the Age wrote an award winning article titled The Shame of The Forgotten People. During this time there was quite a lot of media coverage and many excellent stories exposing what was happening in our mental health system and how our mental health patients were suffering. Government reacted and millions of dollars had been allocated to many different services and yet 15 years later the system has deteriorated and by some described as broken . I was prompted to look back at the Australian Human Rights disability report for 2004 and 2005 and there were many recommendations made by esteemed professionals within the mental health industry for change . Here we are in 2019 and we as a society have neglected one of our most vulnerable groups, the forgotten people with mental illness. Considering the level of experts in mental health providing submissions and this task being complex I hope and trust that these great compassionate minds will correlate this massive information submitted and you the commissioners have the courage to recommend what you know is needed for lasting change. I don't blame anyone for this tragic current state. It can no longer be tolerated by caring health professionals, police , paramedics, carers, friends & family and those suffering the most our mentally ill .I wish and pray (although at times I don't believe in God) that the government will implement your recommendations no matter what the financial cost. We are a wealthy country . It is time. Thank you again [REDACTED]"