

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?

"I think that governments and organisations have done a great job at reducing the stigma around mental health. I have to say that it is better than it ever has been in the past. Education is the key,, we have to bring this into schools more so that kids understand its okay."

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?

"There are many organisations that rely on funding from government and other sources - so not government corporations - who do amazing work in this space. They are no doubt saving lives. I know however, from my work with local organisations that deal with mental health that there is a big gap between the groups that deal with mental health on the coal face, and government policy. They are constantly vying for funding for programmes, and whilst they get a lot of funding, it doesn't seem to cut through on a large scale. In fact, mental health issues and suicide rates are rising, rather than decreasing. That might be because there are so many people who have issues and many of those mental health issues are informed by other issues such as family violence, homelessness, addiction etc. I feel for these organisations but they are often dealing with the individual issues such as family violence, homelessness, they aren't dealing with the overarching issue. They don't have the resources to deal with the overarching issues. So they refer specific issues. If you are homeless, lets refer you to Uniting Harrisons, or Uniting Wesley. If you've got family violence issues lets refer you to Safe Steps etc. If you've got mental health issues we'll refer you to..... Everyone works separately. I can go to a govt website and get the websites and contact details of organizations that deal with this which is great. But if I'm homeless and have no money, if I'm homeless because of family violence and I then experience mental health issues or my kids are and I go to my local community centre and they refer me to EACH but they don't have enough funding for my counseling which I need or my kids need and they can't get me into a house then I'm going to go back to my violent husband because I don't have options. What is working well is these organisations that work hard to change peoples lives. What can be done better to prevent mental illness is more education and support in school, more early intervention and better funding for the organisations that can intervene early - but that is meaningless unless the support is affordable and accessible. "

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

"I can't answer this question very well. My husbands love of his kids and his love of me and my support of him has prevented his suicide in the past. However, the cost of doctors and lack of support if you don't know where to turn and lack of accessibility to health care is a real barrier to preventing suicide. "

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.

"I am a carer of a person with mental health issues. Over the years I have come home from work and worried I was going to see him hanging from a tree. Its been very hard over the years. I've sought support with family mostly, sometimes the doctor or encouraged him to go which he has always done. He's on medication and has seen a psychologist over the years. But that doesn't mean the black days aren't really black. We don't have a lot of money, so if we don't get a mental health plan the option for counseling can be off the table. From our perspective there are many factors that contribute to bad mental health. In many cases those are personal journeys. Sometimes though they are larger factors, family violence etc. However that's not the case in our family. What can be done to improve access to good mental health treatment however is for us to know the services available and to get access to them straight away. Often mental health issues present really quickly, they may have been bubbling away under the surface but when they present they are urgent. So our first point of call is our doctor, who charges and doesn't bulk bill. And her practice won't get you in, so you have to wait three or four days. We don't go to hospital or call the CAT team cause we know that nothing much will come of that. We know that from others experience so we don't have much confidence there. So when we don't get in to our doctor straight away, or know what other services we can access we feel alone. I work in government so I know that there is available and its not a lot. So I feel alone as a carer, I know there isn't much help out there. Its depressing as a carer. "

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

"Our experience is unique in that it doesn't relate to drought, or something whole communities experience. We are not well off, we are just normal people experiencing I guess normal things. But I now in our community there isn't a lot of help."

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

"Family bears the brunt of mental health issues. Kids, partners. I need a support group. Kids need protection from mental health issues. If we better support people with mental health, if they feel support, then the family has support and things get better in the home. I know one thing; if my partner had better health outcomes due to better health intervention then our family would be better off."

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

"Many people in this space work for free. The interesting thing is that mental health is dealt with on many levels, even a Community Houses. Community Houses are funded or a certain amount of hours per week, but many of those people work beyond those hours for free because the work is there, the need is there. Organizations like EACH and Headspace rely on those hours for free even though they receive a lot of funding. Also places like ECLC, Womens Legal Centre etc deal with this all the time and these people are so dedicated to the space they are in and it crosses so many areas like mental health, family violence, homelessness etc. And many are connected and these people work beyond the hours their centers are funded for. You don't have to do anything to attract people to work in this area, there are so many people already attracted to this space. To retain them, perhaps better outcomes. Perhaps they get paid. But the thing I see most, is that

they see better outcomes for the work they do. Otherwise what is the point for them? It just becomes depressing."

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?

"Certainly there would be fewer people with mental illness on the street if they had any ability to get into housing but that isn't a reality. And if you live on the street the reality is you are not going to get a job and improve your economic participation. But for those living with a mental illness who seemingly have ordinary lives, access to more affordable health care is a good way to improve their social and economic participation. Our doctor charges \$207.00 for a half hour visit - she's just a GP. Its a ridiculous amount of money and she's the only one in the clinic that doesn't bulk bill but she knows our story and is a good doctor so we pay. We have to see her to get a referral for counseling and if we don't get a mental health plan we have to pay around \$200.00 for counseling. We can't really afford for my husband to do that all the time, or semi-regularly, let alone pay for me to go to get some support as the carer of someone with mental illness. Mental illness doesn't ""go away"" once you've seen a doctor or go on medication. it is an ongoing issue that needs ongoing care and attention. If access to medical and mental support services was more affordable then people who had this intervention several times a year would have many more opportunities to engage socially and economically. "

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?

"There are so many great organisations that are working in this space and the work they do is amazing. But they all complain they don't have enough funding to do the work they do. So that needs to be improved. But the answer isn't simply providing more funding to these agencies and organisations. Policy needs to drive causes and outcomes. Lack of access to affordable or social housing, inability to afford good treatment or medications, lack of crisis support, lack of education on where to turn for help and support. And its not just people with mental illness that need this support - its the people who live with them and care for them that need it too. "

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

"Provide better opportunities for healthy minds by subsidising mental health specific GP visits or specialist visits. Perhaps if it isn't already there, providing good quality mental health support systems in high schools for younger kids where mental health is an emerging problem. "

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

"I hope that the commission makes recommendations that look to the problem as a whole, and recommends far reaching policy change to stop the growth of this problem for the whole of society. Thank you."