

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

## Organisation Name

N/A

## Name

Ms Helen King

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

"1. Communication regarding what mental illness actually is, its breadth, what can contribute to causing it (societal and environmental factors, as well as physical / genetic considerations), and what the implications may be not just to the person experiencing the illness but to their family, school/workplace, and the broader community. 2. Some (although not all) forms of mental illness may actually be helpful for a person's healing or survival - for instance, depression post a traumatic event - etc. For people living in extreme poverty, unstable living conditions, and so on, it may be a way of coping. A focus more on the why (without forgetting the extreme distress of 'what they are experiencing') may be important in the longer term. In terms of stigma - noting that, at some time in our lives, many of us will experience some form of mental 'illness' (even if it's short term, able to be resolved relatively simply, etc). If not us, people we love. Telling the stories can help remove the 'otherness' that is often a key barrier. 3. Better understanding of the support that may be required, for a short or longer term - in employment, in homelife, etc, and what measures can (or do) exist to provide this support. In some cases, measures may be reasonably straightforward. However, it's important to ensure that a different form of stigma isn't generated - ie. if you are still suffering, you haven't worked 'hard enough' to overcome it. 4. There is a lot of stigma around 'revealing' a mental health condition - in many workplaces, as a parent raising children, etc. Communication of measures that can assist employees (if sufficient measures exist), how to support employees back to work (potentially in the way WorkSafe addresses these?) as one of the key aspects for addressing mental health is to have time and finances to seek treatment. This generally requires sufficient employment security - which can be hard when you are also balancing a mental health condition! (especially if you are keeping it hidden). 5. Focus on it being a community issue - we spend so much of life treating everything as the individual's responsibility to 'cure' themselves. This isolated approach is likely to contribute to the stigma. 6. A greater awareness that mental illness may not (in my experience) be not easy to diagnose, and also not easy to find appropriate treatment. The challenges that exist include identifying the components, their severity, how many symptoms could be attributed to mental health issues and how many other physical reasons or life related can be very hard. So - keep being there for your friends and family, keep going if you are the one struggling, etc. "

## 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 question of 'preventing' mental illness is an interesting one. Is all mental 'illness' always problematic, or can it be an important signal of other issues within an individual's life? In other words, do we always need to see the symptoms as needing to be resolved as the first step? We seem to have a very medicalised approach (ie. drugs to overcome the problem) - while these might be important, they may not be the only step. And My experience with mental health started as a teenager with anxiety. As a young adult, I tried to find a counsellor, with a lot of difficulty. I

then saw a GP, presenting with a form of depression / anxiety, who saw the 'solution' was Zoloft. This didn't deal with the underlying reasons for feeling depressed. Fifteen years later, I was eventually referred to a psychiatrist. After 2 years (dropping deeper and deeper into despair as medication after medication was tried) I came out the other side, with reasonable balance and new diagnosis. I was fortunate to have saved enough to be able to drop back with work, my family and husband were there to help with our kids, and so on. Many people wouldn't manage this. Medication however I think takes us to a certain level (if it is required). There are a range of other changes we may need to make to actually become 'healthy'. On some levels, these are harder. From physical health (sleep, diet, physical movement), psychological / counselling for underlying beliefs and processing, and a suite of social conditions (which may require coaching), we often need to address mind, body, soul. This is a long term approach and not always something people are readily able to do, especially if they are sucked into the busy is best mentality (and succeed while you're at it - against a range of arbitrary measures) permeating a lot of our culture. Each element of mental health support The referrals from GPs to psychologists is a good program. However, one of the real challenges (in my experience) in achieving "

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

"I don't have enough insight into why someone commit suicide. Potentially addressing a cultural mindset of the 'importance' of short terms measures of success (fear of failure, emptiness when 'success' has been achieved and it doesn't seem to mean as much?) I am not sure. I can say I have half heartedly attempted it, as I didn't feel I could continue with the bleakness and complete confusion at the worst of my own mental illness. Having other reasons to live for (family, primarily), as well as a mindset which is always aware of risks of failure (negativity can sometimes be helpful!) were two reasons I didn't follow through. I am not sure whether this is helpful or not? "

### **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.**

"One of the challenges I found was being able to take a holistic view of what treatment I need particularly when in the midst of the worst of it, when I was struggling even to articulate how I was feeling (or not feeling). There seems too be few professionals who don't naturally take a particularly angle on the cause - which I guess is understandable. Like the saying goes 'if the only tool you have is a hammer, you treat everything as a nail'. The hammer treatment may not be the most appropriate. Related is the challenge of finding the appropriate professional to help. Again, mental illness is so diverse. Many of us access treatment through GPs, who have such a breadth of considerations to cover that they may not refer to the best specialist area (let alone an insightful specialist). Potentially there needs to be a second level 'mental health' triage step (except, probably, in imminent life and death situations), to enable a more nuanced assessment to be made. Then there are practical considerations. Appointments take time and money. There can be very long waiting lists. You often need to do the work outside of these sessions to get the most out of them. For someone who is struggling, and may go down further before they come up, this is challenging. For those in very constrained situations (financially, without stable housing, etc, etc), it must a complete nightmare. Plus, finally, good mental health is an ongoing activity. And so often, we want to treat it as if it's a short term illness which we will recover from quickly and move on. To feel 'stuck' in addressing my mental health can feel self absorbed, like I am too obsessed, and so on. Putting your needs (as opposed to wants) high enough can be work - and work that requires a lot of practice. We slip up. That's ok (this is probably a message for the stigma section

too)."

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

"I imagine the issues I listed in the question above - it would be a lot harder without having the resources (including the connections - friends in the different mental health professions, my own ability to research, and so on) - plus the time / space / security to do so. Good mental health is impacted by so many sociodemographic, physical factors. It needs to be considered not as a single issue. For more detail on this, 'Lost Connections' by Johann Hari provides some considerations. I found it useful (notwithstanding that medical treatment was also important)."

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

Huge! Mental health impacts more than the family - as I mentioned in the first question.

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

"I don't know, but this is an important question. I would think many of the workers are not well paid, the issues that they deal with could be extremely distressing, and so on. "

**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?**

"There are major opportunities, but one of the biggest challenges is managing relapses in a way that still allows the employment / community / others processes that they participate in to continue (and in fact, potentially be enhanced, as they are operated by broader, more inclusive members of the community than they might otherwise be)."

**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?**

"Integration between services Access to treatment, especially for those most vulnerable Recognising the societal / place based issues that can contribute to poorer mental health Peer based support sounds very positive"

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

"We have a growing and increasingly complex society here in Victoria. Understanding what the characteristics of those accessing the mental health services now (and those who would like to and can't - and why), as well as identifying the future needs based on these population and other characteristics will be very important. Commitment to delivering these changes - it will take time, and we need to keep going (it can't be a one off step)."

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

I am happy to expand on any points above.

## **Helen King - What I wish I could explain about being diagnosed with ADHD as an adult**

After years of therapy, counseling, medication for depression, psychologist appointments, and finally 18 months of psychiatric treatment, including trialing different medication for depression, and then for anxiety, I was diagnosed with ADHD. This was both a shock – in particular to my self image as someone who was very organised and efficient – and also a relief – something could finally explain my struggles and help me better manage my life.

That diagnosis happened over four years ago now. Life is not settled. I am still struggling, despite the medication and despite the treatments I am having. But I think – slowly but surely – I am finding a way through. Part of my difficulty is knowing whether or not to talk about it, and when I do, how to explain it. But if I could, this is what I wish I could say:

### ***Yes, ADHD is a real condition that can impact adults too, and yes, I really do have it***

Many people think ADHD impacts kids only, and more often, boys. They think you can spot someone with ADHD because of how they act – they'll be very hyperactive (hence the 'H' in ADHD), they may struggle at school academically or in terms of disruption to others (again, the reason for the disorder in the name).

I understand that. I thought the same. After all, I did manage to do reasonably well at school and following this with uni degrees and post graduate qualifications, and my working career. I work in a reasonably demanding job, with the commitments that go along with being a partner and parent. So how can I turn around and say I have ADHD?

It comes down to how I managed my life and at what cost.

ADHD impacts the way we process information, tasks, priorities and interactions with others. It makes it harder to focus. I've managed, and continue to, get through most of the important things, but it takes a huge amount of effort and I am often – mostly – distracted throughout. Even if my body isn't, my mind is hyperactive. I've struggled to suppress this, and I've struggled – a lot – with time management.

ADHD has always impacted how I connect (or don't) with other people. Having a mind filled with a running list of actions, and timelines, and important things to remember really detracts from being focused on others. In my case, my fear of missing important social cues has contributed to low self-esteem. Even though I know I've been a harsher critic than anyone about how well I'm relating to others (this is apparently common for those of us who've dealt with ADHD by just working harder, and drawing inward, rather than showing their ADHD in a more extraverted way).

It's been a lonely process – and even with the support of my husband and friends, I've never been able to explain why daily activities were so hard for me.

But, mostly, I could manage – until I couldn't.

The extra complexity looking after a family, including the interruptions to my train of thought, which are part and parcel (and often a joy – well, sometimes) of having kids, pushed my ability to cope over the edge and that's why I went through a lengthy process to be diagnosed. I haven't developed ADHD as an adult, but I am no longer able to live life despite it.

I now need to live life in a way that doesn't work against my mind but with it.

### ***A label isn't a cure – but neither is it a life sentence***

Now you know I have ADHD. That's actually only the start for me. Knowing I have a condition is not the same as knowing how to manage – or even better, enjoy – living with it. Yes, I have a diagnosis. Great. I know it's not something I've dreamt up. Now what? I'm still working it out. I'm not 'cured'.

I'm still learning how to accept this diagnosis without being defined by it. I am more than someone with ADHD, but at the same time, I have to recognise that ADHD has an impact on me. I'm learning to balance being kind to myself when I try and slip, while not using my diagnosis as justification for giving up too easily.

At a practical level, I am learning what combination of approaches works most effectively. It's a combined approach:

- The right combination of medication;
- Making and maintaining lifestyle changes such as improved diet, exercise and sleep;
- Daily management approaches such as coaching, processes to organise daily routines, using different types of reminders, and tackling tasks in different ways to minimise the muddles I'd usually find myself in

It's also undoing a lifetime of coping mechanisms – for instance, a habit of procrastination to drive last minute panic that was often the only way I could break through my fear of doing things wrong. And it's this last one I find the hardest – letting go of the structures, as damaging to my self esteem and as anxiety creating as they were, they were known and proven approaches. There is security in this, and letting go is hard.

### ***Please don't mistake my patterns to manage life with a preference or talent for it***

I am constantly trying to create structure in my life. I am trying to work to schedules, set appointments, create timeframes. I am trying to retain predictability in terms of order and tidiness at work and home. I don't do this

because I enjoy it. I do it because I know how easy I miss commitments or lose things I need, and how losing one piece of my routine throws me completely.

But, just because I do these things doesn't mean I enjoy them. Or I'm particularly good at them. Or I want to take on this role for other people.

It is tempting to help other people, especially those I live with, in these ways because their disorder often impacts on my routines. However, adding additional obligations and responsibilities for other people's items (or lost keys, or missing homework) just adds so much to my stress levels.

I am learning – slowly – that I don't need to be the one responsible. I am now learning to be brave enough to explain this, and to say no.