

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?

"For the government and service providers to treat those with mental illness with respect and dignity. To provide support and encouragement to people with mental illness, to foster a belief in their own self worth and the service they provide to society through their sensitivity, vulnerability and differing perspective. If the government and service providers take the lead in this by providing real pathways to healing, and support based on esteem, and individual service provision based on each person's unique needs. Thereby encouraging people to grow. The current use of medication to sedate and manage patients keeps them stuck in a cycle of fear and dependence and a belief in society they are less than, thereby fostering stigma and discrimination. "

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 some excellent medical practitioners working in this area, providing regular frequent therapy sessions with mental health clients, working intensely and over a long term to help individuals feel safe enough to go to the places in their mind that will help them heal and live a fulfilling life. At the moment these are private providers and the costs make this inaccessible to most patients. Money is needed to improve the system! More funding. Hospitals will not admit patients until they are a danger to themselves or others, because they have no beds available. This is what I was told when my son was in an extremely worrying cycle of drug abuse and psychosis. The police told me they could not waste their time taking him to the hospital and waiting for hours in emergency when they knew he would not be admitted because he was not about to kill himself or someone else, and there were no beds available. And hospitals told me a similar story on the many many many occasions I rang them over years. It seemed there was no way way to get him admitted and I felt caught in a Catch 22 situation that nearly drove me over the edge. So, by the time he was admitted, he was a danger to himself and in such a deep psychosis that he was lucky to still be alive. Doctors told me that because he had had so many years of unattended psychosis that it would take many years for him to become well again. Early intervention, treatment and support must be made a priority. Hospitals desperately need more buildings, more beds, more specially trained nurses, more support groups, and the stigma must be removed. Leadership is needed to de-stigmatise mental illness and to see it as a normal part of many people's lives. Accessibility to real therapy over a long period with skilled, dedicated practitioners before people are a danger to themselves or others. "

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

"Lifeline and other such organisations do a great frontline job of suicide prevention. A caring voice on the other end of the line, listening and understanding. There is not enough funding in this area. My son got a great deal of support from Cannabis Helpline when he was struggling with cannabis addiction and having suicidal ideation. When Cannabis Helpline was de-funded and closed down

he was left lost and struggling. To promote a societal understanding that everyone is valued equally, no matter how they are feeling, and that there are people who care, who understand."

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.

"Not having supports available when you need them makes it difficult for people with mental illness. In the public health system, psychologists, social workers, case workers, drug and alcohol counselors are changed every month. This was very distressing for my son in those cases where he formed a good relationship with the counselor, and when she/he moved on, it set his progress back a great deal. There are some other counselors in the public system who work very superficially and want to finish with clients before they have even started. "

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

"Lack of support, inequity of opportunity, deep problems creating a poverty trap, homelessness, and isolation."

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

"We need to be listened to, and our understanding of the situation taken seriously, and have support provided."

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

"Improved wages and conditions, more and better training, more time to work with individuals and groups, a community understanding of the importance of their work, respect, and opportunities to train and work in specialist areas, to follow through work with clients, rather than be shifted about every few months, an understanding that the relationship between staff and clients is a very important one. Debriefing and their own counseling should be provided in paid time. "

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?

"Not many opportunities currently. More employers need to provide jobs as a pathway, part time, flexible. Charities and other organisations could encourage patients in voluntary work in a similar way. Support groups should be funded and facilitators trained. We all could be more accepting in social situations of people who are struggling. "

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?

" More hospital bed Easy access to public hospitals when needed, for as long as needed. More medical and nursing staff available (often psychiatrists have little time for their public patients because they are seeing so many private patients.) Better training opportunities for nursing staff. Smaller ratio of patients to staff. Hospitals to become places to heal -- with suitable mental and physical therapies, where patients are treated sensitively, (rather than the current holding tank, high medication model) Long term therapy available to all. Long term support available to all.

Hospital a place of care and gentle healing, rather than a frightening place. Support groups, physical therapy, relaxation etc, mental therapy, emotional therapy available to all. Mental Health should be made a priority, it needs massive amounts of money. People would be happy to pay taxes for this if they understood all the ramifications. People be treated equitably, with respect, no matter what their situation, and everyone's life and treatment valued equally. "

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

" Make Mental Health a priority Immediately increase accessibility through hospital beds, accessibility to treatment, staff training Governments and leaders support improvements and help explain the reasons to the population, to foster an understanding of the need to spend money in this area (reduce crime, drug addiction etc) Include those with mental illness and carers etc in process. Undertake research into which approaches work in long term, eg medication only, or therapy, counseling, support groups etc "

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

"I have had many difficult years with my son's cannabis induced schizophrenia. He had to almost die before I could get hospital admission for him. And even then, it was only because I rang the Office of the chief psychiatrist and told the hospital that I had done so. They sent the CAT team immediately. By then, his illness had become all consuming and the next few years were spent in and out of hospital, trying one medication after another. After many years, some friends paid for private hospital insurance for him and another friend recommended a psychiatrist who specialises in working with young people. Things are still tough for him, but he would be in a much worse state if he had stayed in the public hospital system, his stays there were terrifying, there were threats from other patients, he was medicated to the point he couldn't speak but only slur his words, and the nurses and doctors couldn't understand his words so stopped listening to him. He has also met some great nursing staff, doctors, social workers and psychologists in the public system but they are never ongoing, always moved every few months. It is not right that there is such inequity between private and public care. For the future of our collective mental health, this must be changed."