

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

Organisation Name

N/A

Name

Mrs Theresa Swanborough

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

N/A

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?

N/A

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

N/A

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.

N/A

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?

N/A

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?

N/A

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?

N/A

What can be done now to prepare for changes to Victoria's mental health system and

support improvements to last?

N/A

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

yes

This submission is that of a private individual, based on my experience of working for 30 years as part of a specialist primary health services (RDNS HPP/ Bolton Clarke). One of the key motivators of my working life was to bring about sustainable change which would ensure access to health outcomes for people experiencing or at risk of homelessness.

On my retirement I was able to reflect on the positive changes that now enables homeless and at risk people to access generalist health services. However I could not say the same for mental health services.

Central to increased access to generalist service was and continues to be a services culture change that sees generalist health service providers acknowledge that homeless and at risk people have a “right” to access services.

This shift in service culture was an active process that brought together generalist and specialist health services providers. And this was underpinned by the joint development of policy and procedures in many of our public hospitals and community health services.

Unfortunately after 30 years of endeavour I could see the same service cultural changes in the mental health services.

Mental health services particularly inpatient access remains shrouded in professional mystery. From an external perspective who does or does not get a response is unclear. It can be noted that the more complex the needs the more difficult it is to get a response.

There continues to be a significant number of people, locked out of the mental health system surviving on the fringes of homelessness

There are also a large number of people whose mental health and or side effects of medication render them compliant. Many of these people have been parked and forgotten with privately run supported residential services in conditions we outlined in detail when I was head of the service.

Way Forward

1. It is timely that the right to access mental health services in a manner and at a time that suits the consumer be enshrined within law. To move this from rhetoric to reality requires “legal advocates” that sit outside the service system. Mental Health Legal Centre is an example of how this can be effectively done.

2. The Rough Sleeper Initiative is an example of how the pooling of resources and professional skills can bring about positive service outcomes. The service culture underpinning this initiative should be scaled up and fed back into the broader mental health service system.
3. That the needs of residents trapped within supported residential services need to be addressed as a matter of urgency.
4. That the mental health system needs to involve the broader community and people with mental health issues in an honest discussion about the process of diagnosis, treatment options and side effects which are currently available and what the future might hold.

Theresa Swanborough OAM

Board Member MHLC