

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

SUB: 0002.0023.0054

Name

Anonymous

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

"Educating student teachers and teachers by paediatricians/child psychiatrists while they are studying in Uni or at the workplace as part of their continuing professional education. Pamphlets about Mental health includes more than anxiety/depression/suicides. It includes ADHD, Autism, Oppositional Defiant disorder Conduct disorder 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 current education programme of the community on radio, newspaper and TV is making an inroad on the stigma and awareness of Autism, anxiety, depression and suicide. However, there has been nothing done to raise the awareness of ADHD and the importance of treatment. ADHD causes more problems to both the affected children and their families as well as our society long term. "

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.

"Problems: 1) There are not enough Child and Adolescent Psychiatrists in Victoria. (public or private) 2) There are no good psychologists/psychotherapists in the community even for families who want to pay/can afford to pay for a good and effective service. I don't have anyone to refer to in my area. 3) There are not enough / no good psychotherapists within the public or private systems 4) Caseworkers within CAMHS are not trained enough and not experience enough to provide effective treatment 5) CAMHS is overwhelmed with their workload - results in long waiting time and not able to provide treatment after their assessment of the child/family. Solution:- 1) To provide/increase in the training positions in Child and Adolescent Psychiatry within CAMHS and the Children Hospitals (Monash, RCH and Joan Kirner Women's and Children's Hospital) 2) To increase the number and to improve the training and supervision of the CAMHS caseworkers 3) Increase/to train good quality psychotherapists 4) To lobby the Federal Govt. to provide proper Medicare rebate for children and adolescents to be seen by Child Psychiatrists/paediatricians/psychologists/Psychotherapists. 5) To provide support and liaison child psychiatry service within the acute and ambulatory settings"

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

Not enough or no resources are available Answers as above

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

Good behavioural modification strategies training and education by properly trained child psychotherapists To provide on-site assistance to parents to implement the behavioural modification strategies.

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

To train enough child psychiatrists, psychotherapists and caseworkers within CAMHS to avoid burnt out of existing staff. This will help to minimise the retention of staff problem.

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 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?

40% of General Paediatricians' workload is mental health problems. Paediatricians should be supported by a system which provides a prompt and an effective assessment by a face to face and not on a secondary consultation system where the child and his/her parents are assessed by caseworkers who are not medically trained and not usually well trained in mental health. Why child psychiatry service is different from the other medical specialities puzzle me. It is similar to a paediatrician relies on the report /assessment by a medical student and does not talk to the parents/child and does not or examine the child before making a diagnosis and recommend treatment??? I believe that it is the system problem - not enough child psychiatry registrars and psychiatrists.

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

set up a structure to train more child psychiatrists and psychotherapists improve Medicare rebate for mental health services for medical and allied health professionals

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

it is high time to do the right thing by our patients to provide a decent mental health service for Victorians