

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

Organisation Name

N/A

Name

Mr Andrew Pratt

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.

"There is a lack of understanding of what mental health related illness means, what the symptoms are, and how it can be improved through treatment. As a society we don't take seriously enough the damage caused by drugs, alcohol and violence in causing mental health in a family that can affect many generations. Especially in older Australians (50+), having to be treated for mental health issues is incredibly intimidating. Mental health drugs must be taken away from GP's. It is possible to see a GP for drugs that make very serious changes to the body (and may not be a good choice for every patient), get a script, see no properly trained specialists and continue on with life. Secondly, the entire health system is a dislocated disaster in terms of information sharing, responsibility between providers, ability to gather information from multiple sources (not just the patient) etc. Whilst this may work for otherwise mentally capable patients, it is a disaster when treating mental health patients. The system currently puts an emphasis on the patient 'controlling their journey' through the health system. Although this might seem ideal, common conditions like depression make it difficult to make lunch or get out of bed let alone try to navigate both the cost and manage the momentum required to arrange appointments, attend appointments, self manage whether those appointments are working etc. There is a delusion in health that all providers are equal and equally capable and that, especially in mental health, any provider will be able to do a good job with any patient. "

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

"The system is disjointed and doesn't work unless the patients has healthy, educated people to support them who can navigate through it for them"

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

"The system doesn't accept the important role of the family/carers in providing critical information about how the patient is coping and behaving in 'real life'. By relying on only the word of the patient where both words, video and pictures could really help the team of medical professionals understand the true depth of the problems is problematic."

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 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?

"The system needs to be removed from the standard health care system. Patients reporting to their GP should be referred straight to specialist centres for mental health and there needs to be enough capacity to deal with the demand. Priority should be given to people who aren't using drugs. A key new 'role' within the system needs to be the patient & family concierge nurse and an associated IT system. The IT systems needed would provide a single point of collection for data about the patient and allow both the patient and family to securely log additional Notes. All tests, the mental health plan, providers notes etc would be in one single place, including all medications. The nurse would be responsible for ensuring the patient was progressing on the journey through the system and fixing any roadblocks that were preventing the patient getting to the required appointments. They would also be responsible for ensuring the patient was seeing providers that were working for that patient. There would be a reporting mechanism (like a review system) that allowed patients and family to provide the nursing and concierge team feedback on providers. The concierge team must ALWAYS be independent of providers. The plan would need to include proper evaluation over time to ensure things were improving. There needs to be more of an agreement on the correct journey for patients through the system and more science based rather than drug company based evidence of what effect mental health drugs have on people. An 'app store' like 'service store' needs to be accessible by the concierge team where providers doing specialist care can provide details of the specific patients where a particular program they've developed has helped can be noted. There is a huge misunderstanding that every practitioner is equal and no encouragement or ability for providers to promote when they've worked to develop programs that work especially well for sub-sets of mental health issues. Mental health has an enormous cost to the economy. It is more important than GP services that is it free for those can't afford it (i.e. a 100% rebate to see private providers when following a mental health guided plan as long as the provider DOES NOT charge any additional fee's)"

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

N/A

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

N/A