

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

SUB. 0002.0011.0007

Name

[REDACTED]

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

Names like Mental Health are accurate and correct. PLEASE do not invent nonsense language like the education/political areas. Educate people to have an honest understanding that we all have mental health or not.

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?

"In my opinion, as parent(s) of an adult person with a mental health issue. The system as it is intended to function at Ballarat Health Services, Mental Health Services WORKS. In our 4 years of experience did it fail on occasions, yes, did it correct itself, yes. Does it have faults, yes, could they be fixed, yes. Areas to consider, staff at all levels, police, advocacy, communications."

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

"As we know, maybe one in four know what mental health is, from personal experience. If you are not one of those, you have NO idea of the lived experience. I believe potential suicide should always be in the mind of staff, they should be educated to recognise signs, if any have actually been identified. "

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.

"I find this question incomprehensible. As parents we see children with varied personalities. They range from seemingly perfect to seriously mentally ill. These children grow into adults, if they're lucky. Sometimes a personal insight may prompt an effort for help, how, where, maybe an md then psychologist most people in the youth area have no real insight and no idea of how to get help. Particularly males. ""HEADSPACE"" makes real contact with about 40k people a year, not 400k, 70% are female. 85% have psychological problems, 15% have serious mental health problems, I think, despite the huge budget and excellent publicity, a glaring problem is obvious."

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

"Some communities? What is the question about? Some preconceived viewpoint? We all know health in general has a socio economic component. Mental health is NO different, In my opinion. Education is the key, recently it has improved dramatically, this is a good thing and should be tuned up and improved. Get rid of the pc components, honest clear words."

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

"I think kind words and good communication are enough support. We have been told that many parents just give up, this understandable if you have lived close to mental health issues. Providing the kind words and communication to the parents who are likely to give up will require an amazing effort and organisation, is it possible, I think the bmhs youth group type approach, BUT, for the family might be able to do it. Will that help the person with the mh issue or just the parents, who knows."

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

"My experience in business tells me that LEADERSHIP and a cultivated culture of honest caring service are critical. Despite my positive comments about bshmhs this leadership appears to be invisible if it exists at all. Are the various groups just managing themselves? My feeling is the staff are not being properly supported, we are aware of various excellent staff who have not been able to handle the stress of the job. I am not privvy to their reasons, I would hope they are recorded somewhere. Some people speak their mind, valuable, some don't, wasting their efforts."

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?

"The current employment/training businesses continue a well established scam. As we all know, the moment the government, state or federal, put a scheme in place the scammers move in. This employment/training thing has been running now for over 10 years, it needs to be fixed. We saw a hint of a model from fed uni that showed promise, unfortunately it, correctly, could not help much when you are in that more serious 15% of people with mh issues."

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?

"I have mentioned in previous cummuncations. Dates are approximate, sorry. The Brumby government put forward a plan for reform in 2009 In my opinion, a compnhensive excellent fairly plain language document. In 2014 the the Andrews government proposed a new version of the reform It appears to be a politicised inferior product, forget plain language. Now we have a royal Commission? My experience here in Ballarat, makes me think, somehow, some people have worked out how to do it, it needs some tweaks but it is bloody close, despite the politics."

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

"This question makes me think you are preparing the way for a big politicised reform package that has more interest in political ""outcomes"", how I hate that word, than the real issues. Give Mr Andrews a copy of that Brumby document, let's be honest. This is not about politics, it is about people."

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

"Yes, our experience started with a world famous university here in Victoria. A live in promising student deteriorated from good potential to psychosis in 6 months. Everyone has a duty of care, educators, employers, public servants, clinical staff, regardless of privacy concerns. The system says youth is say 12-25 years hmmm what about privacy when does that start? What about parents who care, the youth won't co-operate with the system, the system drops youth , parents

pick up the pieces, ALWAYS, but the system can't answer any questions because of privacy concerns. This approach can't work"