

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

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

"We need to remove the stigma associated with mental illness and find easy ways for those suffering from mental illness to remain or to re-enter the wider community. A sense of isolation is often one of the worst side effects of mental illness - loss of friends, loss of job, loss of a sense of purpose. "

## **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?**

"Continuity of care is an issue and I suspect this is closely related to insufficient funding. I have witnessed a deeply distressed person have very positive interactions with a skilled CAT team. I have also witnessed the opposite where the team's response was to send police to the person's home in the middle of the night to do a ""welfare check"". This terrified an already fearful individual. Calls to online helplines such as Lifeline frequently result in a series of questions to discover whether the person is contemplating suicide. If the person denies this, there is no further help offered at the time other than encouragement to seek help. This isn't helpful in a crisis. "

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

"I think suicide prevention can be helped when the distressed person has a personal, physical, ongoing contact with someone they believe is invested in their welfare. We need personal case workers who are well trained and have the resources necessary to stay in contact with an individual, drop in for coffee and a chat, help with everyday problems, work to ease the mentally ill person into the community when possible. Continuity of care is essential."

## **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.**

"Lack of continuity of care that seeks out the mentally ill person, rather than expecting the ill person to seek out the support - something they are frequently unable to do. I am very concerned about the difficulties faced by mentally ill people who want to rejoin society as contributing members. Finding suitable employment in an environment that is flexible enough to accept the days when the individual may need treatment, may be unable to get out of bed is a huge problem. What employer would be prepared to do this? I know two people who suffer from the devastating triad of depression/anxiety/PTSD. One of them is also intellectually gifted. There are days they can barely leave the house. They both want to be able to work in jobs that are commensurate with their ability levels, but they can't find employers who are prepared to be flexible enough. Instead they are forced to rely on a DSP that is not enough to live on."

## **What are the drivers behind some communities in Victoria experiencing poorer mental**

## **health outcomes and what needs to be done to address this?**

Poverty.

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

"Family members need people to talk to, people who are familiar with the situation and are able to provide a willing ear and advice when needed."

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

"If the community thinks these people are important, the community should pay them appropriately and employ enough so that they are not overloaded and driven out of the service because of the stresses and expectations."

## **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?**

"No one on a DSP can survive without help. There simply isn't enough money to pay rent and pay bills. As a result, those on the DSP must become dependent on others. They need pathways to work whenever that is possible. They need to feel a part of the community, to feel worthwhile and to have something productive to do. My particular concern is with a very intelligent woman who suffers from depression/anxiety and PTSD. A brain with nothing to do will end up devouring itself. I see this happening. Hers is a very active, busy brain and it has nothing worthwhile to do. It is virtually impossible for her to find a challenging, enjoyable job that would give her the flexibility to work whenever she can, but also an employer who understands that some days are simply impossible. I suspect there are thousands of DSP recipients who are gradually declining into 'welfare dependency' because they cannot find anything to do. "

## **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?**

Compassionate support for the mentally ill that eases them back into the community rather than leaving them to survive alone on a pittance.

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

"Funding, funding, funding so that we can recruit and appropriately train more mental health workers."

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

"It distresses me deeply to see the waste, when potentially fulfilling lives could be supported, but instead, we simply pay people insufficient to live on and then walk away as a society."