Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

Ms [redacted]
[redacted]
[redacted]
[redacted]

To whom concern this is the Royal Commission Terms of Reference, from a consumer perspective. I want to share my experience as a Consumer, as a Carer of both my Mother and Father and as a Peer Worker who has work in the mental health sector for nearly 5 years. I have used The Term of Reference as headings and then followed this with my own reflections and experiences.

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.

Mental illness has been a big part of my life. I have had both parents with Schizophrenia and my self- Depression and Anxiety. We have battled in our own ways to overcome this. Unfortunately my mother died with ongoing presentations and never was able to have any sense of peace. My Father continues to be on a Community Based Order and has 3 monthly injections at home with a Mental Health Nurse.

I have managed to find some resolve in my diagnosis by becoming a Peer Worker at [redacted] Hospital- Expanding Post Discharge Service. Though this has been, dare I say 'a journey' to get to where I am today. I still feel that the Victorian Mental Health System is a long way off in providing support to those who need it.

Which I will explain:
The system itself, fraught with difficulty in regards to find out information of services that are available and then the long wait times to be seen by anyone. Often takes time and whether you suit the criteria. I have accessed the CATT team which are often too short term. I also feel if one needs to contact them there is also a long waiting time for them to come back to you.

Long wait time in Emergency has been an issue as well. There isn't enough workers nor are they equipped to do a short counselling sessions which we are often informed to contact them by community mental health services. I feel there is a need for emergency mental health service and a longer term service that supports people while they are in crisis where Life Line isn't able to help.

I wasn't able to gain any access to Community Mental Health Services only counselling from a psychologist and therapist. I would have wanted a Peer Worker myself as a mentor and support me to help me focus on goals etc. However I was I was deemed too functional as I was living independently on my own.

What I really needed was extra support as wasn't able to get family support. What was really disheartening, I was set home after few hours from a suicide attempt. I was pretty much left to my own devices. I remember coming home on my own with no supports. Having been just stitched up by the doctor and was told that the CATT team would contact me the following morning. To be confronted again by my own the blood on the kitchen floor (obviously where I was when I attempted to end my life) to clean up. This was such a traumatic thing to revisit and then to clean up. I am surprised that I didn't try it again.

I really believe that Victoria's Mental Health System needs an overhaul in the way it deals with mental health. Possible a couple of tiers approach, depending on where the person is at.

For extreme circumstances where there has been suicide attempts or DOA a emergency unit is called and that a hospital has a section is focused on Emergency Mental Health with Peer Workers working long side Psychiatrists and Holistic Therapists/Psychologists. Having a support services who are able to engage on a 24/7 phone service. This would prevent some of the readmissions and referral to other Community Mental Health Services such as Personal Helpers and Mentors Services (PHaMS). There is also a need to bring back the PHaMs Programs especially for those who didn't qualify or want the NDIS. And to include those who don't have a mental health diagnosis open to those without a health care card and open to all Visa Holders especially Asylum Seekers and Refugees..

Have the CATT Services be flexible in supporting people at their own choice. Whether they want to see them only for one visit or have this extended to 6 or more depending on the consumer circumstances. Also I encourage having Peer Workers to be part of these services too as they can help to provide consumers hope and support from a lived experience.

2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages, including through: (see the next four sub-questions)

a) Best practice treatment and care models that are safe and person-centred

My lived experience and as a peer work I have found that the mental health treatments not sustainable. I see the Wards have a base line that psychiatrists often use as a way to get the patient out of the wards. There should be again a few different tiers where there is a step up and step down approach. This can include better links between Hospitals and Community Mental Health Services. If more funding is allocated into these services this would then support many of the consumers in gaining recovery.

I also feel there is an need to have both mental health and drug/alcohol services involved as a team not separate as its known that both a intrinsically linked together. There should be more detox services that are holistic as appose to medical model approach. Education and Harm minimisation would be a preferred way to address this issue.

b) Strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers;

As a Peer Worker I do feel that my role is undervalued or not seen as part of the team. It's been through my own intentions and just talking to others that I have been able to let them know that I am more just a person with a lived experience. I have studied at University and well as in Peer Work. That I have gained qualifications that enables me to do more than my role. I have also inform others that I do work as a volunteer Coast Guard.

Despite the training in the Peer Work Field and ongoing skill development my wages are below average. I have seen many of the Peer Work positions are part time and with short term one year contracts based on funding. This causes frustration and angst as this doesn't enable long term goals and job security. The base amount of $25 an hour which compared to social workers and community mental health practitioner is below average. We work just as hard.

I see working is one of the fundamental part of my mental health recovery. It gives me a sense of citizenship and contribution to my community. The need to have a sustaining income is also important if I wish to continue to live independently and successfully. I am able have a wider choice in my own mental health support which I couldn't have if I was on New Start Benefits.

If we want to create an independent peer work force considerations must be made such increase funding to allow for better wages. Ongoing training and leadership support so that people like myself who wish to become Peer Worker Leaders are able to do so with supports. To have other members of the Hospitals and Community Mental Health Programs embrace Peer Workers and see the value that can have to their teams.

c) Strengthened pathways and interfaces between Victoria's mental health system and other services•

There is a need for better education of GP concerning Mental Health and the prevention on stigma of Mental Illness. I have experienced this when I went to see not my usual GP some years back where the GP in question queried me on my Borderline Personality Disorder (BPD) diagnosis which he rudely asked the question whether or not that I had engaged in risky sexual behaviour with other men out of revenge? To my shock...I did answer no. I didn't see this GP again and made a complaint. I find that GP's as well as Psychiatrists need to develop a counselling skills during medical school. I have found that many don't engage well with Consumers as they lack basic Unconditional Positive Regard when talking to them. I am luck now that I have since changed to another GP and have a supportive Psychiatrist who offers these things.

d) Better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements; and Focus on beds versus community-based services.

The main criticism that I can see from my own experiences has been the long waits at the Emergency Department. Many hospitals don't have alternative space to support those in crisis. Many are left alone on trollies for a few hours before they are seen by anyone. With an occasional observations by over run nurses many feel traumatised and lost to the system. Not only has this compounded the situation it adds to the mental distress that is already present. Once the person is seen I have found that many are sent home to only have the CATT team to contact them the next day. Again the CATT service is only a 3 time home visit. This leaves no support after wards except from psychologist or GP's which in a lot of cases take a few weeks to get an appointment.
There is also a gap in how many psychiatrists bulk bill and the time it takes to see one. There has been cases where some can wait as 3 months to see one as they are fully booked. Not only this that not all bulk bill which caused many issues for those who need ongoing support for medication supervision. In my role as a PHaMS Peer Worker I have found that there is a need for home visiting Psychiatrists as some of my past clients have agoraphobia and cannot go outside their homes. They are often stuck and need support. However they are unable to get CATT Team support as this limited to what they can do.

e) Improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

There needs to be an easy way for many consumers not having to tell their story over and over again. Many have seen various clinicians and psychiatrist while in hospital. The biggest thing I have heard and I too have experienced is the issue having to tell my story again and again to different people. When you are in a vulnerable state this adds to this.
To have to see new people all the time and not have consistence created a mistrust and increased frustration which leads to conflict. What is needed is real reform in the way that the hospital take on records and to been more consumer friendly.

Consumers also need to have the right to refuse treatment despite what the doctors have suggested. It may be difficult in some cases where there is a risk to the consumer and others. Greater care and more interaction with consumers is needed to address this. There needs to be a team focus on this with the idea of Open Dialogue amongst the services in hospitals and in other mental health services.

There need to be a change in the way psychiatrist approach consumers from a medical mode to a more humanist approach:
1) By removing the corporate attire to break down the division of class and status.
2) To have clinicians and psychiatrist to avoid using jargon and medical talk when discussing interventions with consumers and their families.
3) To be wary about the language spoke amongst staff when discussing consumers and their families.
4) To encourage Consumers to have an Advance Statement and that they are adhere and considered during the admission stage.

3. How to best support the needs of family members and carers of people living with mental illness.

Being a Family/Carer of my Father I have always sort out the best for him considering his welfare and his needs. I have only expected information in regards to his treatment as only to need to know basis i.e. medication or appointments. The best way I see that supports both Consumers and their Families and Carers is the Open Dialogue format with the Treating Team which has been demonstrated Finland. Considerations are also needed in some cases where confidentiality of the Consumer is the main focus where their best interest first. Discussions such as medication or the need to attend appointments that the family needs to actively engage. To have the treating team explain what is going on to the consumer should be done when the consumer is present and that if the family member wishes to contact and discuss what is needed that this should be done with an understanding that no all information share as requested by the consumer. Unless it is a mandatory reporting or family violence issues.

4. How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health, including but not limited to people: • from Aboriginal and Torres Strait Islander backgrounds; • living with a mental illness and other co-occurring illnesses, disabilities, multiple diagnoses or dual disabilities; • from rural and regional communities; and • in contact, or at greater risk of contact, with the forensic mental health system and the justice system.

I feel the current Mental Health System doesn't actively engage well enough in regards to the Australian Aboriginal and Torres Strait Islander and the Non English Speaking population. There is a need to look beyond the Western Medical Model of Mental Health and to research more and actively engage in more holistic approaches. The need for more culture awareness and connection with Community Leaders is important so that the welfare of these Consumers are taken into account and supported.

5. How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.

There is a need to have both mental health and drug/alcohol services involved as a team not separate. It is known that both Mental Health and Addiction are intrinsically linked together however our current mental health system doesn't support this. They are often separated due to funding or services expectations. There should be more detox services that are holistic as opposed to medical model approach. Education and Harm minimisation would be a preferred way to address this issue.

I have spoken in various contexts from a Consumer Lived Experienced person, to a Peer Worker to a Family Carer. My life has been one deeply linked in with the mental health system as a child through my parents and as my own experience. I take this opportunity to say thank you for giving me this opportunity to have my say and that my viewpoints would be up for consideration. I look forward to seeing the outcomes of this will manifest.

Warmest Regards [redacted]