

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

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## Name

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

"Allowing people with mental illness and their carers to have a voice. Better educating the community on what mental illness is and that any of us can get it in the same way we get cancer, cardiovascular disease or diabetes. Just because you can't see it doesn't mean it isn't there. Emergency departments should have a dedicated area/team for people with mental illnesses. Mental illness should be treated the same way as any other illness. Considering most people get a mental health condition at some point in their lives, we do not treat it the same way, which is sad. For example, at the [REDACTED] Hospital, [REDACTED] is the only ward that does not mention the purpose. Kids and staff are aware of this and question why this is so, my daughter found this difficult to deal with. Education in the school setting, especially at secondary schools - there should be dedicated fulltime mental health workers, such as psychologists for schools. Recognition and allowance of mental health leave as part of personal leave in workplaces. Carers find it difficult to take time off and can end up using all of their sick leave or have to give up work to care for a loved one. Do not leave family and carers in the dark - the best care model is one where everyone is involved. (e.g. a person should not only have a multi-treatment team but a support team). "

### **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?**

"Family and carer involvement is important from the outset. The multiple family group run by Melbourne Health is fantastic and has given me us a chance to connect with others in similar situations, and realise we are not alone. I have been a carer for many years and this is the first time I have had the opportunity to get support and share experiences. Early intervention needs to start at a young age. For young people, navigating school is a major stressor - socialising, study, hormones, etc. Access to GPs and psychological services for young people at schools. This is the place they are more likely to need support and reluctant to seek help from parents. Teachers are too overworked and inexperienced to deal with a lot of mental illnesses and we should not expect them to do this. And giving them information to learn how to speak to and access a GP. This needs to be simple and easy to read and accessible to everyone. More sessions in mental health care plans. We don't stop care for people with cancer and say you only have 10 sessions of chemo to get well so why should this be the case when people are dying from suicide? The cost and commitment to get a mental health care plan is usually out of reach for most people - it requires a longer visit and if your doctor does not bulk bill, which many don't, people cannot afford it. Young people have access to Medicare at 16, but many would not have the funds or know how to access a doctor. "

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

"Compulsory mental health first aid training for more community members. The community needs

to be more aware and not scared when someone may be acting differently. The fear of terrorism has not helped people in this respect. Involving the persons carers is important from the outset. The Mental Health Act in relation to privacy, can stop the sharing of information to carers and family about their loved one. My daughter is 19 and an adult, and yet her treating staff say she has the mental capacity of a 14-year-old and cannot advocate for her needs. She has been in many services and they do not communicate well with each other, especially when it comes to her history. This last admission, the nursing staff would not give out information about her progress, and yet, she is discharged into my care and I was left to pick up the pieces and manage her support in the community. Not having to repeat mental health histories. Surely there is something in our technologically savvy world where we can stop asking loads of questions to someone who is in severe distress. Avoiding too much change in treatment teams and services as much as possible. Having access to pharmacies on service sites. I thought there was a great opportunity for the new [REDACTED] to do this, but it hasn't happened. So many people are reluctant to take their meds because it is another thing they have to do. If we made pharmacies more accessible, especially at mental health services it may help reduce the stigma too. "

**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.**

"Service and funding models are not equitable and access to services is different depending on where you live. For instance, the [REDACTED] goes to 18 years of age for inpatient services, but outpatient cut off is 15 and then you are sent to [REDACTED] if you meet their criteria, or to a community service like Headspace. No one likes change but getting children the help they need is incredibly difficult when it seems to be based on an old model/one that is purely based on where you live and how the funding is allocated. The childrens and adolescent mental health system is very difficult to navigate and people become disheartened trying to battle to get services for their loved ones. [REDACTED] has a funding cut off and one of my daughters was kicked out of the service when she was severely unwell because she had used the service for two years. This brought a lot of turmoil to the family when she had to change to an adult service at 18 and was hospitalised with adult men, she was really scared. I don't understand why we have youth mental health services that go from 12 to 25, and yet you can't get a bed in a youth service because of a funding model. We have met people in rural areas and they have had to move to Melbourne at a significant cost while their child is getting treatment. There are not enough beds 14 at the kids hospital doesn't cut it for a big region that covers one of the biggest growth areas. Young rural people are admitted to adult wards, which just isn't good enough. There was a perfect opportunity to have a youth inpatient unit at the new [REDACTED] in [REDACTED] but the funds have been used on an expensive fit out and furniture, and a multi-level carpark, which we will have to pay around \$9. This adds up when someone has weekly appointments. In addition, public and private services do not talk to one another. We had an instance where one of my daughters had the opportunity to access a public private arrangement, which was great. However, the private hospital did not communicate as well as they could with the public service. The treating team did not have a complete history of my daughters illness as they could not access information from [REDACTED] and the [REDACTED] Hospital. I find this odd as I would have thought that to treat her they would need her case notes. As a result, her meds and diagnosis has changed she feels like she wasn't listened to and her original diagnosis was dismissed, yet it felt very real to her and frightening for us when she made multiple attempts on her life. When she was discharged, her medicines and discharge plan were not communicated to the community treatment team and I had to follow it up. Breaking down the redtape and unnecessary paperwork would be a great help. For instance, we have just been knocked back by

the NDIS due to dual diagnosis and lack of detailed reports by the treating team. This triggered a suicide attempt because my daughter did not think anyone was listening when she needs support. She can only have access to a community mental health service for six months for autism, PTSD and severe depression. We are trying to avoid an admission but it is difficult to work out what services she can access when redtape is in the way. "

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

"Access to services are not equitable. Funding models dictate service provision and support. Services are different depending on which region you live in. The age cut offs do not make sense, especially for young people. Should we really have men and women together in services and especially in a hospital or community residential setting? Family violence is very real and we are not respecting cultural differences. Cost there is a big difference between the haves and the have nots when it comes to mental health. I get the feeling that if you dont have the funds, no housing, limited access to services, you are going to be at a huge disadvantage. The same services should be available whether you are a public or private patient. "

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

"We need respite. Mental illness is relentless and tends to run in families - I have two daughters to care for. I cannot work fulltime or get paid for my skills and experience. Workplaces do not take the role of carers seriously enough. For one, sick leave is limited, you dont have enough especially if you have multiple people to care for. Unfortunately, I have had to juggle my caring responsibilities which is really difficult. I cared for my partner until his death and I am caring for my daughters and trying to be the main breadwinner and run a household. Its tough and lonely. I am too exhausted, and I have no time for socialising. Besides, the stigma around mental illness makes it hard to connect with family and friends. Many carers find it difficult to ask for help and dont know what they need especially when they are in crisis. Helping them navigate the health system. Getting paid for their caring. My carer payments have been cut off because my daughters conditions are not severe enough. There is too much red tape and the focus tends to be on physical conditions. You feel guilty for asking for a bit of extra funding even though when they are bad they do not care about their personal care and you have to advocate, drive them to appointments, cook and help manage their finances. More funding to Carers Victoria. I only have three months of mental health support and then after that I am expected to battle on my own. We need our own mental health support and counselling I am suffering and frequently need to take time off work to care for my children. I am scared of what will happen to them if I get sick. Access to free parking the only way some people will get help is if they are dropped off and picked up for appointments and admissions. This gets very costly when they have weekly sessions. "

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

"Better pay and working conditions. Breaking down stigma. In a hospital setting, there is a definite divide between mental health nursing and general nursing. Less contract staff too many changes for staff and clients. This is particularly the case in adolescent mental health. Six-month rotations are not great to build a trusting relationship. We need more peer support workers for carers and clients. Lived experience is very important. More funding of early intervention, especially for

childrens services. Bulk billing psychologists and other specialist mental health workers. "

**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?**

"I did not understand this question and are not aware of any. One of my daughters has experienced workplace discrimination at a supposedly equitable employer. When she raised this with the union, they told her not to tell them she had a mental health condition. As a result, she is not working. Workplace flexibility more part time opportunities. Casual situations do not allow structure for people with a mental illness. "

**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?**

Increase the number of beds. Increase step up and down programs. More support for carers such as multiple family groups. Increase the number of sessions for mental health care plans. Increase the number of bulkbilling mental health professionals. Decrease the time spent in emergency departments. Better access to pharmacies.

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

"Breakdown barriers to services a unified system across the state. Services should not be different depending on where you live, how much you are funded for, how old you are, etc. Removing unnecessary red tape. "

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

I am sure there will be more. But thank you for listening.