

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

SUB.0002.0028.0316

Name

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

"Education about different kinds of mental illness in schools like we teach about Physical illness. More people should be supported to speak about their experiences and safe guarded against loss of their job. They may need protection by laws which help the employer. High school age children could visit mental health wards or be involved in some program to see the work being done there, the normal people who are not violent or scary, just suffering and wanting to be accepted as a normal society member. "

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?

"I don't know what is working well. Training of mental health workers/ nurses and doctors is very good, but in a circumstance where my son has autism, intellectual disability then has an acute admission for ECT sessions after a diagnosis of treatment resistant schizophrenia. The staff are anxious and frightened they don't know how to deal with his autism and they don't know him and assume a lot of his problems are due to his disability. His declining mental health was ignored for 1 year as he got sicker and sicker. The psychiatrist showed serious concern when he started showing catatonic features. We were as his carers and parents not believed, were at risk of physical harm on a daily basis. There was nowhere safe or appropriate for him to go so we could have a break. Respite facilities refused to take him because his Behavior was so extreme. We suffered extreme stress from the worry, the financial strain, the pressure on our family relationships. Our daughter suffered mental health problems as a result of the crisis in the family home. I am living with stage 4 breast cancer which I believe was a direct result of the stress of raising my son. My husband has turned to alcohol to cope. We are travelling 3 hrs a day at the moment to bring my son home on day leave from the [REDACTED], he can't have overnight leave as he will lose his bed and not be able to complete the ECT. I think prevention might include earlier access at a younger age to mental health services to get therapy before they become really serious. Support the families and carers including financially so they can cope with the daily demands of the person they are caring for. Right now, I am trying to juggle work, run a household, attend appointments with doctors at the unit, attend my own specialist appointments, visit my son and take him out on leave. If I had some financial support even for petrol, or some accommodation to stay nearer to the hospital it would be good. "

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

"There are not enough staff employed to cover the need for service. People need to be seen and given help and therapy when they need it, not put on a wait list. We need to address the reason why they are contemplating suicide. Is it they have no employment prospects or goals or is it financial or family struggle. Address the cause and not fix after the damage is done. People need to have purpose in life and finding a good job or career shouldn't be a huge struggle. People are

doing degrees and cannot get a job. "

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.

"The pressures of our modern day existence make it difficult to experience good mental health. The cost of living and is very high. Parents have huge uncertainty in their work due to the now casual nature of work. They are unable to have security or be there for their children. The wages are out of line with living costs. It is very hard to know where to get help with a dual diagnosis as some services say it's a disability issue, disability services say it's a mental health issue but neither can help in the meantime as mental health deteriorates further. The NDIS coming in means that existing accessed mental health services can no longer be accessed as they say hi have the NDIS to help now, but there are huge wait lists and no funding in the category anyway, "

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

"Poverty, lack of carer support, no concessions for working people on average incomes who work hard but the cost of living means they struggle to get by. Lack of experience expertise in service providers in complex cases. Give carers financial recognition. Pay them a wage to do what they do, do not family income test it to the highest degree. Allow carers to access concessions available to unemployed people and people with disabilities in the very least. allow them concessions in health care so they can actually afford to pay for their own healthcare "

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

"Families need to be offered support financially to get through. ie bills, accommodation travel allowances with hospital admissions. They need to be acknowledged and treated with dignity and respect as a valued member of the mental health care team. They should be given meals when the patient eats too, not expected to sit with them while they eat and starve or expected to be able to buy expensive cafe food. Families need to be given information about the ways service runs. I found out 1 year into my sons engagement with headspace for psychosis that they social worker, OT and psychologists there couldn't give those services or I couldn't access each of these services because they were all case managers and you can only have 1 if those. The family peer worker was too busy to see us and was sick whenever we needed someone. The case manager only worked part time. The psychiatrist didn't take our initial worries about our sons decline in mental health seriously. He was more worried about the weight gain in taking his medication. Meanwhile he lost his grasp on reality and became very violent at home. "

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

Pay them decent higher wages. Reduce the workload and give them refusal time away.

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?

More education to the general public about mental illness and engagement with people suffering it

to gain an understanding. Remove the taboo

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?

"Prioritise the waitlists and time waiting to see a Dr. Make sure the patient is acknowledged when presenting at a clinic counter. They are often ignored Allow carers to stay in the ward or accomodation nearby, so they don't have to travel extreme distances. "

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

Restructure the intake of clients. They have to sit at emergency for up to a day before getting services. It's the only way into the inpatient unit. Teach families early about their rights. I found out a day before my sons compulsory treatment order that I was not his legal guardian now that he was 18 and had a disability. I had to quickly go before VCAT and in the same week attend the mental health tribunal hearing so they could give consent for his ECT. I also was in the past made to sign a compulsory treatment order for my son without even knowing what one was or that it would take away all of my describe making rights.

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

"People like my son with disability and mental health and their cares need better support. They may end up in a high dependency unit due to their complex presentation with highly violent drug users and are intellectually disabled, unable to speak up for themselves, highly vulnerable. Carers are told it's too risky for them to visit their son In There but he must exist somehow in that environment. I also think the discharge planning and handover to the community is completely non existent. Families have no support after discharge, no idea about what happens then. "