

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

Organisation Name

N/A

Name

Mr Robert Stove

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

"I suppose that I could say there needs to be more funding for such processes, and that would be true. But that is something which plenty of other people have pointed out, so there is no point in my merely repeating what they have said. The best single method, I believe, of improving our understanding of mental illness is to make sure that as many mentally ill people as possible are gainfully employed. Being jobless in the long term is something that will inflict havoc on even the most courageous individual. Also, it would be agreeable if certain media personalities - I think of certain sport stars in particular - could stop trying to use their claims of mental illness as a kind of fashion accessory, or a means to make excuses for irresponsible or violent actions. This demeans the lived experience of those who struggle from day to day with mental conditions that have no media chic."

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?

"It's good that mental health concerns are now being openly talked about in the school system. Perhaps the pendulum is starting to go too far these days; but better than mere silence on the topic. Not so good: the manner in which certain A&E personnel at Victoria's hospitals tend to trivialize mental illness in the incoming patients whom they see, unless the sufferer is really florid and dangerous. Yes, I know that such personnel are overworked and will make errors. But I've had experience of being practically called a malingerer, merely because I prefer to suffer in silence."

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

"Campaigns like 'R U OK?' can do good things. But I don't see how suicide prevention can really be acted on, when it's now legal for people to request suicide if they're terminally ill. This fact frightens those of us who already live in dread of hospitalization."

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.

"See my comments above on euthanasia for the terminally ill, and how frightening that very concept is for the rest of us. Other than that, I think that there should be a clearer distinction drawn between those whose mental illness is a result of alcohol or drug use, and those (like myself) whose mental illness is not thus connected. "

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

"Isolation is the real killer. Especially if you don't have family members out there. Time was when

churches could be active agents of social interaction, but what with the abuse scandals, that's a thing of the past now."

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

Perhaps the single most important requirement is for such persons to know when they are themselves getting 'burnt-out.' It's like the proverb says: you can't pour water from an empty cup.'

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

"Many people in the mental health caring professions are underpaid. On the other hand, some psychiatrists are making almost indecent amounts of money for doing little more than writing prescriptions. Personally, I have learnt far more from various on-duty hospital nurses and hospital social workers than I have from many a psychiatrist. There should be better remuneration for staffers in the former categories, which will encourage people to stay in those fields. At present, burnout is likely to be aggravated by financial problems with which they are faced."

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?

"Present methods are good, but the single most significant factor, I believe, is a non-material one. By now, the message is starting to get through that mental illness isn't an inherently shameful thing. But every time a news report mentions some terrorist or other criminal who is 'mentally ill,' it's as if the work of changing hearts and minds has to be started all over again."

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've mentioned above the funding aspects of the system. Another important aspect is psychogeriatric medicine, which will be more and more significant as our population ages."

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

"Remove party-political considerations from it. This is too important an area to be made an electoral plaything. Also, as mentioned above, for as long as 'assisted dying' is legal, it's going to send the wrong message. As it has done in Belgium, the Netherlands, Oregon, and wherever else it has been tried."

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

Nothing that I've not already said.

ROBERT STOVE

DOCUMENT SUBMITTED (1 JULY 2019) TO ROYAL COMMISSION INTO
VICTORIA' S MENTAL HEALTH SYSTEM

1. I am an Australian-born citizen of this country, currently aged 57, and Melbourne-resident since 2001 (before that I lived primarily in Sydney). For all but the first few years of my life, I have suffered from mental illness.
2. In my case the illness has taken the form of severe OCD and severe anxiety, with slightly less severe depression. On numerous occasions in the past, I was hospitalised. I have never been, incidentally, psychotic; I almost never touch alcohol and I certainly have never touched drugs, save for one extremely unpleasant 1997 incident when I consumed cannabis leaf without having been told that I was doing so. Fortunately no long-term damage resulted from that.
3. I am glad that the government is holding a Royal Commission into Victoria's mental health system. Most of what I have said regarding such a commission, I have already said online. All I would say now is the following:
 - a. **Mental health carers 'at the coal-face' – hospital nurses and hospital social workers, in particular – are often gravely underpaid.** Numerous psychiatrists can choose to work 'office hours'; nurses and social workers, by contrast, must often be on call at any hour of the day or night. When nurses and social workers are themselves impoverished, the temptation for them to leave the field altogether (for something that is more lucrative and less stressful) becomes very great.
 - b. The use of **emotional support animals** is a well-attested and cost-effective way of improving mental health for many people. To those people, having a dog or a cat as a companion literally makes the difference between wanting to give up and being prepared to go on with life.
 - c. For sufferers from mental illness like myself, **the recent legalisation of so-called 'assisted dying' is itself a factor which is worsening our mental illness.** We know from bitter experience how easy it is to be victimised by ill-will from family members, or from harassed outside carers, or from the medical profession, or in some instances from all of these. No 'ethics guidelines' are, in practice, sufficient.
 - d. It would be great if **certain Australian media personalities** did not seek to **use mental illness as an excuse for anti-social behaviour.** We have seen such things with sporting stars in particular, and the result is to make life harder for those of us who do not have million-dollar football or television contracts.
4. No confidentiality attaches to this document. It may be shown to anyone who wishes to read it. At my age I am largely indifferent to reputational concerns.

Sincerely

ROBERT STOVE