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

Name

████████████

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

"Introduce positive living skills, wellbeing and resilience building initiatives into the curriculum to better equip young children with the emotional agility, resilience and self-awareness to self-manage their emotions and normalise being open about thoughts and feelings. It is important that this is to not be added to an already crowded curriculum. This needs to be built into the curriculum and then as these children grow up and take their place as young adults in the community they will have more understanding and empathy towards others who may think and feel differently to themselves. Ensure that frontline medical staff are properly trained to recognise emerging signs of mental health issues and do not become desensitised to individuals presenting with issues. I am part of an online support group of parents who have lost children to suicide and consistently those of us with the lived experience of seeking help for a family member prior to suicide found that we were not listened to, we were not taken seriously, and/or we were either told outright or treated like we and/or our children were attention seeking. Our mental health services and the dire state that they are in is a direct result of what is and is not prioritised because of culture. They are a product of the current culture. "

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?

"Nothing is working well in my opinion. - Resiliency programs built into the curriculum in early years and primary schools and perhaps secondary schools. - Ensure that wellbeing coordinators at schools have adequate training around recognising, understanding and knowing where and wheen to seek further assistance when supporting a child with emerging mental health issues and ensure they have the capacity in terms of time allocated to wellbeing commitments to actually do the job properly. - headspace is high profile and therefore has a high demand. Ensure that they are adequately resourced proportionate to demand. The ████████ region is severely under resourced. - link up agencies providing mental health services. They all seem to work in an inward facing bubble lacking awareness or even an interest in what other services may be available to better suit an individual's needs - ensure that A&E staff are better trained to identify issues - my son presented to A&E after having overdosed. When he was able to have a conversation he denied having taken anything other than a Panadol and an antihistamine. Over a 24 hour period I said to the doctors and nurses both in A&E and onn the ward that he ended up in that I thought he had overdosed (he vomited profusely in the waiting room - thankfully). They were exploring neurological issues and my son had a catscan and lumbar puncture that were both clear. He did not have a drug test despite me asking for him to have one done. The following morning I presented to the nurses station with a handful of mostly over the counter medications that I was sure were all missing substantial amounts. The nurse agreed that his recovery was consistent with an overdose and she had a talk with my son whereby she said 'it can be easy to accidentally take too much of something if we're not feeling well' and 'I've given Mum some numbers to call if you

feel like you need to talk to someone'. Based on her agreement that his recovery was consistent with an overdose he should have had a psychological/psychiatric assessment. When we got home he admitted to his brother that he had taken multiple tablets of multiple medications. I spent a week on the phone to ████ trying to get him to go to them, then they finally came to us, and a week later he was admitted to ████████ as an involuntary patient. The fact that he was at 'imminent risk' should have been identified by the multiple staff he saw during his stay at ████ ████. I have made a formal complaint to the hospital and am awaiting the outcome of this complaint. Ensure that a culture of LISTENING to family members and caregivers is in place when asking for help for their loved ones rather than being brushed off, not being listened to or taken seriously. - we waited four months for an appointment with a psychiatrist specialising in young people of my son's age. He took his life 3 weeks before this appointment. Whilst a four month wait is not unusual to see a psychiatrist as a new patient it is ridiculous when it is literally a life and death situation. I don't know how, but fix this!"

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

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.
I am a person who is fairly proactive and I found it difficult to find out what support may be available. In my experience there was NO support easily found for the family/parents/caregivers of people with ongoing mental health issues. Mental health services don't work with each other- they quite simply do not link with each other headspace were unable to direct me to services that could provide support for a parent or caregiver. This exposes an appalling gap in services and support for people in the community affected by mental illness - the caregivers. Schools need to have a better understanding of mental health issues and be better equipped to understand when action needs to be taken. They also need to have a more family focused approach to supporting a young person and when and how to bring the families and counsellors/psychologists together to all be on the same page with appropriate strategies and support.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"'- socio economic issues - lack of geographical access to appropriate services ie - no inpatient unit for young people in the ████ region. This makes handover to other mental health services post discharge more complicated, it makes it difficult for family to be close to where the young person is hospitalised. What can be done? Allocate a big chunk of much needed funding to what has been well recognised as a grossly underfunded regional area. - lack of availability of clinicians within area "

What are the needs of family members and carers and what can be done better to support them?
"Ask the questions that matter and then listen to us!!!! Ensure that every member of staff in the medical, mental health and education industries is educated on what questions to ask to properly identify signs of being at risk. The onus of responsibility in raising red flags seems to lie with the people seeking help but we/they don't necessarily know what the red flags are. That is the job of the medical and mental health professionals and they need to ask the right questions. Across the

board, ensure that a more family focused approach is adopted - this means bringing families into conversations before someone is deemed to be at imminent risk - it should not happen at the point of having a conversation to prevent suicide - it shouldn't get to that point before carers are brought into the conversation. Ensure more medicare funded services are available for services that are flexible and family focused Ensure that services providing care for particular groups in the community (ie headspace) can direct family to where they can access support for themselves. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Better training around some of the issues outlined above will reduce stress and frustration experienced by staff as well as by the end user. The whole system is such a bloody mess that many working in the mental health workforce have no faith in the system. Ensure that services are adequately staffed and resourced to reduce stress levels.

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?
"Outreach services - people living with mental illness are very often just getting through the day and are disengaged with life in general. Strategies and service that specifically address ways to assist those in great need but who are unwilling to engage. Programs that assist with integration into their communities whether this is socially, through employment programs, education programs etc.   Work on understanding how to remove the soft barriers to engagement in a fulfilling life."

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?
"More targeted funding towards services and facilities in regional areas - particularly ███████ Engage or create some kind of agency that works primarily on linking services together - this includes public, private and community services."

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

Is there anything else you would like to share with the Royal Commission?
If at all possible I would like the opportunity to speak at the Royal Commission.