

PLWSA Submission

I am a member of an online (Facebook) Australian support group open only to parent and/or grandparents who have lost children to suicide. The purpose of this group is to provide a safe space where we can share our thoughts, feelings and grief openly free of judgement. In our interactions we have discovered that there are many consistencies in our experiences of the mental health system prior to and since the suicide of our loved ones. Overwhelmingly, the mental health system failed to support the person who was suffering mental illness and it failed to support us, the parents and caregivers. This group has over 170 members Australia wide. Many of us are so broken that we struggle to live 'normal' lives. We struggle to parent our other children, to work, to spend time with other people, to maintain healthy relationships. We struggle with our own mental health issues including anxiety, depression, suicidal ideation, eating disorders, and insomnia. Many of us suffer physical ailments that have presented since losing our children. The emotional, mental and physical toll of lived experience of losing a loved one to suicide is enormous.

Forty-three members of this group responded to a survey that asked specific questions about their experience of the mental health system. This survey asked twenty questions around what services they found helpful, what worked well, what they found unhelpful, what they found didn't work, and what suggestions they might have to improve on what is currently available based on their lived experience. Of these forty-three respondents only six were from Victoria with four from the metro area, two from regional areas and one from a rural area. Although this submission is to the Victorian Mental Health Commission and the majority of respondents are not from this state, the overwhelming majority of the stories expose the same gaps and failures in the mental health system we have in Australia. The experiences are not exclusive to Victoria. Everyone's story is unique however there are too many similarities to ignore. It is important to note that whilst all respondents are parents not all children were under the age of 18 or living at home.

The information from this survey will be collated and analysed and presented in a Lived Experience Report with a view to any members of our group wishing to use as an advocacy tool to submit to decision makers who are in a position to make changes to the mental health system. This has not yet been completed however what follows is a brief outline of what the survey answers identified as the most important areas of concern.

Of the 43 respondents 10 commented that their GP was helpful with providing support for them and the family member. Of these respondents three commented that they had had no real contact with any other services. Of the forty that commented on their experiences with other services there was not one positive comment around dealing with schools, hospitals, psychologists, CAMHS (or the equivalent). Three found Beyond Blue and Lifeline to be helpful.

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Issues experienced included:

- Schools not working with families. Not taking families concerns seriously. Adhering so firmly to privacy legislation around not bringing family into the conversation unless they deemed the person to be at imminent risk but not having any real understanding of what being at imminent risk actually was! This was thought to be due to lack of care, lack of training, lack of time, lack of a family focused approach to supporting their students (relating to schools).
- Hospital staff not listening to the person with mental illness or listening to parents' explicit concerns. Not taking concerns seriously. Not asking the questions they needed to ask to get a fully informed assessment of mental state. This is the responsibility of medical staff not of the people seeking help.
- High turnover of staff in mental health resulting in inconsistent care. This could result in records not being kept accurately and/or result in the person with mental illness disengaging with services.
- Wait times for public health services far too long and the cost of accessing private health prohibitive for most. Even with a mental health plan the cost can stop people from accessing services. Once 10 subsidised visits have been used, very often it was impossible financially to continue with counselling
- People with complex mental health issues and multiple related diagnoses did not have all elements of need taken into account in treatment plans (eg ASD, ADHD, PTSD, depression, anxiety, suicidal ideation, eating disorders, head injury trauma) This combined with staff turnover exposed a lack of adequate training in understanding and adapting care plan strategies
- Public mental health services under resourced and appointments unavailable for weeks and sometimes months
- No attempts to manage perpetrators of bullying behaviours by people or organisations in a position to do so. This happened in work situations, in domestic violence situations, in the defence force and in schools. Some legislation around managing bullying behaviour around accountability needs to be introduced.
- No support services for parents or carers of people with mental illness. This exposes a massive gap in mental health services provision
- Very little or no follow up after a suicide attempt. This relates to hospital discharge and also to services that discharged patients are handed over to. This process needs massive improvement.
- No services that work towards managing people with mental illness that are disengaged and not invested in their own recovery. No outreach services available. If you can't get to them, there is nothing they can do unless the person with mental illness is suicidal at that very time.

The last three questions of the survey related to what an ideal response to suicidality would look like, what we would like the government to do, and what can be done now. Rather than compile the responses for these questions, each and every response to these questions has been copied below. The responses are desperate and heartfelt.

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What would an ideal response to suicidality look like to you?

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Constant care afterwards, it's nearly 7 years because my son killed himself in Sydney and I'm on the central coast I fell through the cracks

Immediate action

More free sessions for everyone more community health workers in rural areas

Serious concern and support. Referral to appropriate support provider.

A proper investigation by all relevant authorities to see what happened and what areas could be improved. An avenue for family or interested parties to give their opinions and suggestions. More education of public about mental illness. More support for families after their child has died.

Looking at the cause. Some kind of cognitive therapy and emotional support for the individual as opposed to looking them up with others who are in a similar condition.

Speak to the person in crisis. Listen to the person in crisis. Ask and listen then get help.

?

Look at WHY and what drove these men to taking their lives

Unsure as every situation different but if someone sending messages that are quite disturbing fine out where they are call police for a welfare check or call a friend or go yourself to just talk as it may as little as having a chat and coffee for them. I really don't know my son [REDACTED] was quite an advocate for men's mental health and suicide prevention so he had the tools just msg the wrong person 😞 anyone else would've been there for him but not the so call narcissistic girlfriend who supposedly care for him 😞💔

Access for people to services Awareness so people don't feel so alone and know there is someone to turn to

I don't understand this question

Sending a mentor to your house regularly

When you ask for help from Dr, school community etc, they listen and get you the help for your child

More awareness education n prevention to stop statistics rising

Listen, think, act, document, inform, document.

Community involvement, youth walk in safe spaces staffed with people trained in suicidology. Family and friends being informed with guidance on how to support the at risk family member. Fast response

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I think the clinicians need to have a better understanding and possibly have lived experience rather than just an intellectual knowledge which often comes with a holier than thou attitude.

Immediate, compassionate care that quickly links the person in crisis to a 'guide/mentor' to proactively navigate them through an individualised support pathway that includes problem-solving based, trauma-informed care. The pathways are patient-centred, may include assistance in any area of life that is needed to rebuild wellbeing, have no time limit but are suited to the individual's needs, and there is continuity of care throughout that can be re-activated if needed in the future.

Treat every claim of suicidal ideation as a priority 1 emergency and don't stand that priority down until the child, young adult, adult is way beyond that grossly depressed feeling...

First point of contact should take the information seriously and ensure client gets the right counselling support. If the first support service doesn't work keep trying until one is found.

Every threat attempt to be taken seriously. My son recently had an attempt. After waiting 9 hours in emergency to see a mental health worker, we were discharged and told there wasn't enough beds in the adolescent ward 😞

taken more serious. Boys and girls need to be taught how to handle a broken heart when they split up from a girlfriend

Follow up care less waiting for counselling mental health assessments

Involve family in hospital acute care address reasons and feelings for suicide as only way out. Talk talk talk. Lived experience group sessions.

Mental health plan, medication, extensive counselling with the ability to reduce medication long term.

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In relation to suicide prevention, what do you want the government to do?

Talk about it in schools Show the devastation left behind

More for our children in the way of accessing needed services and highly qualified support staff in schools.

We need more mental health workers particularly rural areas and more free sessions whether someone is working or not

Sue the hospital that failed with the antidote

Give proper funding for more mental health services to be able to be easily accessible for all who are in need

More funding into preventative health care.

A Change in the laws regarding patient/ Dr confidentiality re if child is suicidal when they have a severe mental illness diagnosis (certain categories) the family or an advocate should be informed. There must be a duty of care to that person and a compulsory advocate. A compulsory mental care plan implemented for public and private. More research money in mental health research. Continuity in care. Education and support of family. More job opportunities and employment support that are individualised. .

I truly believe this issue is a spiritual one which is out of the government league. Besides working on what is shown in the media and the breakdown of morals and families before the damage is done all else is too little too late.

Public awareness. Statistics made public. Community service available for suicide prevention help support and Grief relief. Walk days. Remembrance days.

?

Change the laws . Offer more support in rural areas . We know why most men take their lives but more women should be made accountable for their actions leading up to it . The government jump up and down about domestic violence well what about mental and verbal abuse that men go through . WRONG WRONG change the laws

Keep putting the word out there that taking your life there is nothing to gain and everything to lost 😞💔

Situations where you need to see or talk psychologist for example have emergency spots so your not waiting 4-6 weeks before you see someone that could be too late ☐also police maybe should have a help pack to parents/ partners after breaking the news ☐☐☐

Invest money into services for people and also services for family and friends post suicide

More awareness in schools and public places maybe. I'm not sure how the government could stop this. Ban social media? Encourage people to be kind to one another

More life experienced people speaking to school groups offering help too

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More resources available for mental health.

Stop handing out money to uneducated organisations assist families who know first hand what the aftermath is like, assist families to help educate the community, better education and awareness in schools, communities, sporting organisations and workplaces

It needs an increase of funding and awareness, particularly for people over 25. Everyone is jumping on bandwagon for younger people, which is a frontal lobe, poor judgement problem. For those older than that, it is like suicide is a solution for a problem that the government feels it can't afford. Depressed people don't win votes.

Fund walk in safe spaces staffed with trained professionals as an alternative to having to present to hospital. Better follow up programs for people after they have been identified as at risk.

Acknowledge the magnitude of the epidemic which is Suicide

Early stage prevention needs funding. More public bed spaces need to be accessible. Current places such as stepping stones need to be updated and kids not left in a solitude brick room their first night where other patients can watch them through the half doors (or at least have better supervision. It is so easy for them to self harm (head bash against the brick). Fund brain mapping to see if there is something different in these kids brains at a very early age as we could develop either a prevention or early intervention. Open dual diagnosis centres like in the US for people with neurological Conditions as well as mental health conditions. Fund schools to have qualified mental health professionals available not just chaplains. Have some sort of reporting system where a child that is on multiple medications needs to be seen by more than one professional to ensure they are not on a cocktail of drugs with disastrous interactions.

Abandon half measures and invest substantial resources into turning the broken system around asap. Several initiatives around the world have shown it can be done. The Henry Ford Health System's Perfect Depression Care (PDC) is one example - sustained 80% reduction in suicide rates among people accessing its mental health care, including one year of ZERO suicides. I don't see any reason Australia can't be the first country to achieve zero suicides for a whole year countrywide.

Put more funding into the hospitals etc. Its all good having all this suicide awareness but if the services aren't there what's the point. The number of beds at the [REDACTED] is disgraceful!

Put in place psychology education into schools from age 4- 18. Improve mental health service availability exponentially..... increase the number of housing possibilities for people with mental health problems, if children can't be brought up supported in a family home have live in centres where a mum or dad can take these children and they can all be supported and taught survival strategies... Increase public awareness about debilitating mental health by putting short stories and advertisements on Television and keep these going indefinitely. Look at the decrease in cigarette smoking and irresponsible alcohol consumption by the younger generation now, that is through early education and public health education on television...

Give more opportunities to the less fortunate to have better services. Don't charge \$100 a session for a counsellor. Ect

Put more resources into suicide bereavement support.

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Fund mental health first aid in schools so that every child has access to it. Fund the training to be a facilitator so that it is accessible and affordable to bereaved parents. Headspace doesn't work. Fund smaller organisations. They are usually founded by a person bereaved by suicide so their motives are not money.

Have a proper mental health system

Change laws give parents rights if they think something is wrong with their child Acknowledge bullying and the roles some people play in the lead up to a Suicide

Change the law when trauma happens one phone to next of kin no matter what age they are Because my boy would still be here with the proper support

Provide more counselling services and rehab facility's

Provide more beds in mental health and drug rehabilitation facilities

Community involvement. Awareness of statistics. Know what to do and say in a crisis. Men need more help. Walk for Life days.

Provide education on bullying and mental health. Mental health still appears to be frowned upon by society. It is as important as any other medical issue that can be visualised.

More people who know what there doing and realise every one is different and what the book at uni says doesn't suit every one. Stop saying how good help lines are and get people who care working there

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Given that it will take time for any changes to funding and service delivery to be implemented, is there anything that you think can be changed immediately to improve the way the mental health system...

We need to stop the stigma We need to educate We need to make people aware that this is real!!!!

Funding.

Don't know

Changes in confidentiality agreement in certain mental health illnesses. Make it compulsory that everyone private and public must have a mental care plan with an advocate or family involvement. Rulings to have a compulsory advocate. Better communication and co-operation between the different mental health services.

Put people in charge that have compassion

IN OUR CASE THE LAWS

Make seeing a psychologist as normal as going to your gp is there a difference I don't think so ❤️😊

Death Certificates to state passed away from suicide illness and not the exact way it occurred. I feel this is disgusting for families left behind to sort out everything and have to show this to multiple people and go through trauma each time.

Speaking in schools

Stop the 24 hour wait period for mental health plan.

Education and awareness and with all their funding for organisations to promote the awareness and acknowledge significant dates related to suicide

No, the problem is systematic, and needs a major overhaul of both the system, funding, attitude and care factors

Volunteer programs, support groups for parents, peer support, guest speakers in schools. There are many people in the community that are happy to give of their time to support people and families that are struggling, they just need to be organised.

More communication with family members, keeping them involved in decision making, talking with doctors!!

Improve working environment so that clinicians stay and don't use students (registrars) unless they are going to be there long term and have the experience to work with complex patients.

A change of culture/attitude: A social media education campaign targeting workers in the mental health sector. The campaign would dispel myths and outdated attitudes, such as 'if they were going to do it, they already would have', 'there's nothing you can do if they really want to' and 'it's just a bid for attention' - yes, in my experience these are common. The campaign would provide a clearer understanding of the reality of suicidality and the therapeutic power (even necessity) of compassion and empathy.

Yes take parents concerns seriously.

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Thorough follow up checks and making sure that the patient is set up for appropriate counselling and appropriate housing before dismissal from hospital.

EDUCATION TIMELY RESPONSE BY HEALTH PROVIDERS PARENTS RESTRICTING SCREEN TIME AND MOBILE PHONE TIME

Connect up services better

EVERY SUICIDE THREAT TO BE TAKEN SERIOUSLY

Contact sports should have their own doctors for each team for checkups after concussion

Their attitudes

Rights taken away from people threatening suicide and carers listened to

Correct diagnosis initially. Delve into deeper issues. Follow up. Lived experience persons group to help share.

Control bullying in schools, sports and the workplace making bullies accountable for their actions. Not only do people take their lives but they leave a trail of devastation and heartbreak for family and friends.

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

Name

Ms Kim Edgar

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

I have attached a word document with all information relating to this submission on behalf of the online support group Parents Living With Suicide Australia

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?

N/A

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

N/A

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.

N/A

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

N/A

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

N/A

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

N/A

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?

N/A

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

N/A

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?

N/A