

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

## Organisation Name

N/A

## Name

Miss Hayley Scott

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

"The stigma associated with mental illness is so deeply rooted in Australian society and culture that any change seems unlikely to be swift. Particularly when it comes to men, there is still a strong belief that they have to be tough, resilient and show little emotion. An understanding of mental illness needs to come through education which needs to start early. Parents should be ensuring their children understand mental illness, just as they understand any other illness or injury. There should be programs in schools, both primary and secondary, that teach children about mental illness, how to recognise signs in themselves and others, and the risks of exposure to things like social media and bullying. Commonwealth and state governments should use platforms such as television to create meaningful and hard-hitting commercials - it worked with the AIDS commercial in the 80s - its not necessarily about creating fear, but acting as a realisation, the recent TAC commercials are another example. Every workplace should have mandatory workshops that address trauma, mental illness/health and strategies for dealing with them. Workplaces should have mental health officers, similar to first aid officers, or fire wardens, that are specially trained to recognise possible signs of poor mental well-being in others so they can address it with them and work with them to suggest further support they could pursue - sometimes all someone needs is for someone else to really see them and really hear them."

### **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?**

"The perception of mental health is already shifting, the efforts made so far have certainly not been fruitless. Focus by governments and agencies on days like R U OK? is a fantastic initiative and promotes discussion around issues of mental health. However, its one day where there is a lot of focus, and then its gone. By no means do we need a multitude of days related to mental health, as that defeats the purpose, but the conversation must continue beyond its designated day. There is only so much that can be done by governments and organisations in relation to mental health, as the stigma remains because there are so many people who refuse to acknowledge that mental illness or mental health is an issue, and that the solution is as simple as toughening up. For some people this perception will never change, so it is those other people who understand mental illness and mental health, who accept that it is an issue, that need to make themselves heard, that need to make sure those around them know they are there to listen. I think many people are afraid to admit they think mental illness is a valid issue out of fear they will be ridiculed by those that maintain the tough persona - this is where the change needs to happen, more people need to stand up and say they are there to help, as they may find that the numbers of those willing to help now well exceed those that will say toughen up."

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

"More needs to be done to show the impact suicide has on the surviving family members and

friends - though that sounds like it is a solution not focused on the individual in the struggle in the first place it is still a valid approach. I think many people who have committed suicide wouldn't have if they had considered and recognised how much their loss would impact those around them. I know that some who end their own life believe their loved ones would be better off without them, but that just isn't true, and so often their lives can be impacted so greatly by the loss that they too feel like it's no longer worth living themselves. Statistics need to more accurately reflect the number of suicides and attempts - there should not be such a great discrepancy between statistics from hospitals and those of ambulances, that just doesn't make sense. As society becomes more aware of mental illness/health, I think the rates of suicide are likely to drop. As people become educated in how to recognise depression in themselves and those around them, more people will seek out help and more people will learn how to fight through, and understand that they can, that it is not an impossible fight. Suicide prevention goes hand in hand with mental health issues - we simply need to get better at recognising when someone is fighting the battle. There is a difficulty when it comes to people who show no signs, and their death comes as a complete shock - I don't know how to fix this, perhaps and hopefully, education and acceptance of mental health struggles will help this class of persons too, so they will seek help and know it's acceptable (and desirable) that they do so."

**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 age of social media is definitely a contributing factor to poor mental health - this probably isn't something that can be fixed, beyond people understanding how their words can impact another. Other issues include a seeming lack of integration between systems such as court and corrective services, hospitals/medical services and education systems. Individuals may enter one system for a reason, for example into the courts due to drug issues, and that seems to be where it stays. Though it may be clear that the individual has a drug problem, the concern is not that or the individual, it is whatever crime it is they committed. The system is concerned too much with the actions of people, and not enough on the individual as a person. They may be slapped with a fine and sent on their way, when the opportunity is there for a court to say we want to help you and not punish you, we can see that you have a problem, we want to know why you've got a problem and help you fix it, because if we fix the problems you are facing, then we won't have to deal with the actions or outcomes associated with that problem again. It is an opportunity to present this individual with an opportunity to get help, real help, to deal with whatever issues have driven them to drugs - assign them a counsellor, identify their problems and create a specialised program that can track their progress, that they can see themselves making progress too, so they feel a sense of achievement. Likewise, someone goes to hospital having attempted suicide, and once they are medically fine they are sent on their way. These people have issues that need addressing, regardless of if they say they feel fine, nobody attempts suicide for fun, just to see what'll happen. Hospitals, medical professionals, courts - these type of authorised institutions need to have the power and ability to force someone to engage with mental health services, because they need the help. If people are at point where they are entering a system, be it a hospital for self-inflicted injuries or corrections, so often they have underlying issues that if addressed will help them and will ensure they are equipped with the tools, services and contacts to enable them to recognise their own problems and seek help before they do something that causes them to enter the system again. Another area which could use improvement is the integration of individuals from corrections/prison systems back into society. There should be programs in place that integrate prisoners back into society, a possible suggestion is the creation of a community setting where

individuals within, say, 6 months of release are placed. They are assigned a job (perhaps in line with preferences), they live in a unit, there are shops, they are given access to mobile phones, tv, internet - as close to a normal way of life as possible. They attend classes/seminars where they are educated on current issues, how things work (as simple as a self-serve register or a mobile phone for example), changes in expectations and social norms - particularly for those who have been in prison for a significant period of time, they may be overwhelmed when thrown into a world that is so different to the one they left before prison and so different to the way prison works. This kind of halfway house of living is an opportunity for people to equip themselves with skills to deal with the world. They should be assigned a case worker or counsellor that meets regularly with the individual throughout the process and for a period necessary post-release. The corrections system should be considered to have a certain level of responsibility for inmates and a certain standard of care expected to ensure that inmates are prepared for release so they do not suffer from mental health problems which may likely result in them re-offending."

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

"Unsure - perhaps it is the pockets of communities where certain nationalities are more prevalent than others, whether this means that the community maintains standards or expectations that conflict with the standards or expectations of the wider Australian community. If there appears to be a common mental health issue within a community then measures need to be taken to determine why and how that can be fixed. Consideration also needs to be given to the potential that in some communities there may already be a greater understanding and acceptance of mental health issues so people there are more likely to access mental health services - this may correlate to a perception that this particular community is suffering from more mental health issues than others, when the reality is that they are just more proactive in seeking help."

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

"An understanding that they are likely to not be giving appropriate consideration to their own mental health issues whilst supporting another. More education around what is is they are actually dealing with, and what the person who they are caring for is dealing with. "

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

Unsure

**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?**

"An increased prevalence of support groups. Programs in appropriate workplaces that allow for the integration of workers with mental illness without putting too much pressure on them and risking negative outcomes. An assessment of people who have a desire to work should happen, and get an idea of the type of work they are interested in - by giving them opportunities in areas that they are interested in they are more likely to succeed."

**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?**

"Education of society in relation to mental health and illness. Linking services that individuals with mental illness are most likely to be in contact with, to enable consistent and ongoing support for those that need it. Re-engagement of prisoners into society"

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

Case studies. Proposed Program trials. Community engagement and education

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

N/A