

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

## Organisation Name

N/A

## Name

Miss Samantha Dunham

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

"Majority of media representation of Mental Illness is related to Depression and Anxiety. Major Mental Illnesses such as Schizophrenia, Bipolar Affective Disorder or Schizoaffective Disorder are not represented. I feel this contributes to a growing stigma of these Mental Illnesses. These illnesses should be regularly spoken about to improve the community's understanding and awareness of the illness. Currently these illnesses are not spoken about and are seen in a negative light. The use of words like "psychotic" or "schizo" being used to describe someone who is aggressive or agitated is a clear indication that the community has minimal education on what those terms mean and how they relate to Mental Illness. When we then use the word "psychotic" to describe someone's symptoms it is tarred by the stigmatized meaning. There is a great focus on self care to promote Mental Health, it is almost seen as a trend, which is working well for illnesses such as Depression, Anxiety or Personality Disorders though it does little for people with a Major Mental Illness."

### **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?**

"In theory the Mental Health Care Plan initiative through the GP is a good program, however access to psychologist especially in Rural and Regional settings is quite difficult. People have to battle long waiting lists to get into see someone, not to mention having to work up the courage to go to the GP in the first place. There needs to be an easier point of referral for people, whether that be in an online function targeted at younger generations who may not necessarily have a regular GP. There is not enough sessions allowed per year to have any major impact on someone's Mental Health. In illnesses such as Depression, Anxiety and Personality Disorders; Psychology is seen as the Gold Standard of treatment however it is very inaccessible for most Mental Health Consumers. Public Mental Health Services are fundamentally only funded to provide support to those with a Severe Mental Illness or those in an Acute Mental Health Crisis. Services do the best with what they have and for the most part do a fantastic job for those lucky enough to access the service. In the Goulburn/Hume Region we have 15 Adult Acute inpatient beds which doesn't come close to meeting the needs of the Community. More funding is needed to Public Mental Health Services (especially regional ones) to provide Psychosocial Rehabilitation, Psychological Services and Acute Services. In our Region Psychosocial Rehab Services seem to be working very well however limited funding means only limited consumers can access these services "

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

"There is minimal evidence based and funded services available for people who are suicidal. Mental Health help-lines do a great job - however when things become too complex they are quick to contact Emergency Services which ultimately diminishes a person's trust and leaves them

feeling powerless. Of course there is a great deal of risk to manage when working with these individuals, though our current mental health act informs us to empower Individuals to make decisions that may encompass a degree of risk. There is slight evidence to support that people who are suicidal benefit from inpatient treatment, though there are rarely enough beds to facilitate this anyway."

**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.**

"Currently our region if not our state is in a housing crisis. There is a direct link with homelessness and Mental Health Issues. Having a stable roof over your head, access to diet and fluids and heating and cooling are basic fundamental necessities for any person to have good health and well-being. Mental Health and Homelessness services can only do so much when there is little ability to do anything about housing. Family Violence, AOD use and Mental Health are leading risk factors for Homelessness and vice versa. If we are not addressing all of these issues, the cycle continues. Inaccessible Appropriate Mental Health Services and Therapeutic Interventions"

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

"As mentioned above, Family Violence, AOD use, Homelessness and Mental Health all perpetuate an ongoing cycle of poor outcomes. Accessible birth control methods (financially - they should be free) contribute to ongoing risk of trans generational Poor Mental Health and Wellbeing. "

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

Improved Carer Support Services and Education services. In our Area Mental Health Service we have 1 carer for the Adult team who works 3 days a week. 1 Carer consultant for CAMHS who is funded 1 day a week. Nil designated for Aged Psychiatry

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

"Mental Health Workers need increased Annual Leave Entitlements Free postgraduate study Focused and thorough content in undergraduate nursing courses - currently there is minimal content Fund undergraduate nursing, social work, OT and Psychology placements."

**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?**

"Currently we have Wellways who do a lot of good work for our consumers, however there needs to be increased funding so these programs can increase and provide service to a wider audience"

**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?**

Public Mental Health Services need to be prioritized. There is a lot of focus on Head space services though their capacity and capability is minimal for those with a Major Mental Illness. Adult services have long been underfunded and neglected with targeted areas for each stage of a

person's illness.

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

Increase funding to allow for more staffing and inpatient beds. Improved benefits and working conditions for staff. Increase number of sessions subsidized through MHCP for psychology  
Increase content in undergraduate courses around Mental Health

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

no