

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

## Organisation Name

N/A

## Name

Ms Isabella Vadiveloo

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

"- Better information access at school level. - Better media representation - things like ECT are still depicted in a very unrealistic way - High profile Victorians talking about their mental health struggles - Instagram, Twitter and Facebook awareness campaigns that have engaged sufferers/survivors to tell their stories or offer relatable anecdotes."

### **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?**

"DONE WELL: - We are really lucky to have psychological support through Medicare. - There are some good Government resources online. DONE BETTER: - Access needs to be easier - desperately need more than ten sessions available with psychologists on a mental health care plan. Some of us need many more than 10 sessions a year and cannot afford it. - Mental health specific training for GP's. MHCP also need to cover more of the cost- I'm still out of pocket quite a bit for each session - Better training for school councillors - I was miss- and under- diagnosed right through secondary school - Easier access to psychiatrists - Good ones are so expensive and not government subsidised nearly enough. I went to six psychiatrists before finding a good one, and can only see her rarely because of the cost. - More holistic approach - MHCP should cover sessions with personal trainers and dieticians, community activities like choirs, pet therapy ect. Things that have been proven to improve mental health like diet, exercise and community engagement should be more aggressively fore-fronted in a care plan for a struggling individual."

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

"DONE WELL: - 24 hour services like Lifeline are crucial DONE BETTER: - Publicly available inpatient treatment for people in need. My life was saved three times by being able to access inpatient care (including ECT treatment) at a private hospital. When I first tried to take my life, I was just sent to an emergency room, made to wait 5 hours, then sent home because I appeared to have "calmed down". If I didn't have private health insurance, and thus access to nine weeks of inpatient care, plus access to outpatient ECT treatment following my discharge, there is no doubt I would have taken my own life by now. - needs to be a more frank discussion about suicide in GP and Psych appointments early on. I have only ever been asked about it when I've had visible self harm injuries or have bought up suicidal feelings myself. - after hours home visit doctor was called to see me after I'd self harmed, and didn't ask me if I had suicidal thoughts or was thinking of harming myself again. "

### **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 access barriers to financial assistance for people too mentally ill to work really impacted my

recovery. I didn't qualify for the NDIS, couldn't commit to a job search program to qualify for the dole, and the systems around trying to get any other kinds of financial support were so complex, I was unable to navigate them when I was so unwell. Easier access to good financial assistance would be great. As I am impacted by mental illness now, but am able to work part time, a kind of sliding scale would be great to facilitate recovery, even if you can work a bit, you still receive some financial assistance until you're fully back on your feet. Medication takes a long time to work, you often have to try many types and different combinations before you find the right one, and then you have to live with the side effects. Not much can be done about this I guess! Specialists talking to each other and addressing more than just the issue they specialise in. One of the side effects I struggled with was extreme weight gain. This then effected another condition I had called Poly Cystic Ovarian Syndrome, and I have since been diagnosed with pre-diabetes, as these conditions have interacted. Psychiatrists, psychologists, endocrinologists, dieticians, exercise physiologists and gynaecologists I've visited all refuse to talk to one another, write comprehensive letters to one another, or regard the others advice at all. It has left me in the middle of a bunch of different advice that contradicts itself, and is very hard to navigate."

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

"Financial disadvantage, lack of government support. "

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

"- Better carer leave options at many workplaces - home visits and domestic assistance, things like cooking all the meals and doing all the washing and cleaning for a sufferer of mental illness is a lot of pressure. - home visits from someone who can watch the mentally ill person for a while so that family members can leave and get some time off. - better access to carer and support person therapy to help the carers come to terms with their new roles and the effect this whole thing is having on their life. - Better access to people like them, so they know they aren't the only ones going through this."

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

Better pay.

**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 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 access to comprehensive and in depth inpatient treatment - Home visits to assist engagement back in the community and to assist carers. - Better communication between medical specialists - Better training for school councillors

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

'- Continued engagement and consultation with the community.

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

N/A