

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

Organisation Name

One in Five

Name

Ms Gabrielle Sheehan

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

"Much has been achieved over the past 20 years in terms of reducing stigma and encouraging people to be more open about their mental health. Over the same period of time Mental Health and Mental Illness have become interchangeable and therefore have now led to a new level of confusion. The general public are looking for organisation/association (big and small) who are shaping the conversation to be more specific and accurate about how they are communicating their key messages. More specifically: Mental Health - which generally refers to individuals who are experiencing mild to moderate symptoms, they are likely to respond well to psychological based interventions, social support and had not evolved into a chronic and debilitating diagnosis. Mental Illness - referring to individuals who are experiencing moderate to serious symptoms, in need of more significant interventions. They are often experiencing more debilitating diagnosis and presenting with more psychotic symptoms. The general public bundles everything up and simply believe Depression and Anxiety are common and the other illnesses are dangerous. We need to debunk the myths for all mental illnesses ... not just for Depression and Anxiety * the media only reports schizophrenia if its all those diagnosed are violent * bipolar / PTSD / other manic illness are rarely discussed unless its connected to a famous person who has committed suicide * more often than not negative language is reported around mental illness. In short - we need to more than awareness, we need to educate and debunk the myths "

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 most exciting things starting to work well are: * R U OK Day which is opening up conversations in workplaces * Introduction of Mental Health First Aid training * Employers recognising the Work Safe issues relating to bullying and workplace harassment * 20 years of Beyond Blue messaging * Life line becoming a better organised service. What else can we do: * improve early diagnosis tools to reduce the distress of waiting up to 10 years for an accurate diagnosis for people living with a moderate to severe illness * help people understanding the difference between mental health distress & mental illness * provide better protocols in the Primary Care environment to support GPs - similar to Gold Standards for Asthma / Diabetes etc..

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

"Community groups are doing a great job of organising themselves such as Mr Perfect, It Okay to be Okay, Men's Shed. What they probably need is a minimum operational grant available to help fund the basics of their website hosting and social media to keep their communities networked and together. This could be as little as \$5 - \$10k which would cover these basic costs. They are in their networks talking and supporting each other. They need a little bit of financial support to keep it moving forward and it stop coming out of the pockets of the self organisers "

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.

"This question focuses heavily on the 55% of individuals who are experience mental health distress from the mild perspective. - social media, cyber bullying, angry media... etc.. are all contributors. we have plenty of epigenetic markers that highlight these. We know about this. What would be better is if we started to put more energy into the individuals who are experiencing moderate to severe illness which can still be isolating, confusing and more frequently meaning they are experiencing acute symptoms. There is a disproportionate focus on soft service such as headspace and not enough on extended clinical care And given the limited investment in research innovation in treatment and therapies for those who are at the ""sicker"" end of the mental health spectrum. Many individuals are treatment resistant, perform poorly on 3rd line treatments such as clozapine and are in desperate need of better answers. "

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

We are not treatment mental illness with the same voice as we do physical illness. they are not viewed as equal when they should be. We also fail to accurately diagnose severe illness soon enough The conversation is too weighted to youth segments when there appears to be a growing number of over 45s who need help. Women are in distress and are most likely to attempt suicide even if they are not as successful We need a more balanced conversation and we need to stop talking to the same old suspects.

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

Given there are no answers for anyone... family and carers need information and they want answers for their loved ones. They need information about their loved ones diagnosis They need respite when they are caring for more severely impacted individuals

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 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?

"We need to create a Campus of Excellence where we bring together Clinical / Academic / Discovery Research / Translational Research under the same roof - just like the Melbourne Children's Campus and VCCC. We can have more beds, more clinicians working with researchers, more multidisciplinary care and most important and centre where families can support each other. We need to be thinking about learning from other areas of health that have managed to develop world class health care propositions. the conversations feels very weighted to investing in more of what we are currently doing rather than rethinking about building a better

system. "

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

"We need transformational brave thinking - not more headspaces. We need to not simplify it down to stop suicide by having more beds. Many people living with chronic mental illness don't have access to effective treatments - we need to not just stop with bandaid solutions. We need evidenced based decision making not emotive decision making based on squeaky wheels and ""people of prominence"". We need to look outside mental health and learn from HIV, Cancer and Children's health "

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

World Economic Forum clearly outlined in 2018 that there was a desperate need for investment in novel therapies and treatments - why is this not being discussed The Australian Government have recognised that they have not measured the performance of any of the programmes that they have put in place AND there has been no actual empirical evidence to suggest that the \$2b being put into headspace is an effective use of funding. We need to ensure that we are adopting a test and learn and evaluate model of decision making. Less than 1% of the total budget spent on Mental Health in Australia is being directed to discovery research that explores the epigenetics. We know that biology plays a significant role in an individual's risk profile but we are failing to acknowledge that all the support and counselling in the world will not turn off schizophrenia gene. We need to care for everyone. Especially those who are most likely to experience more severe mental illness.