

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

## Organisation Name

N/A

## Name

Ms Jo Rasmussen

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

"We need to increase the numbers of people with a lived experience of mental illness, not only as peer support workers, but as leaders within organisations. There should be a mandated person with a lived experience as a board member at organisations who deliver, fund or commission mental health services. This will bring a greater understanding of mental illness within organisations and promote the idea that recovery can occur, and people can hold executive level jobs. The stop mental illness stigma project ([www.stopstigma.com.au](http://www.stopstigma.com.au)) is a consumer led product, developed by Murray PHN to reduce the stigma of mental illness. It provides a 'blue print' for organisations to implement stigma reduction processes which benefit staff/members, but also visitors to that organisation (clients, customers, community). I developed this concept and would be more than happy to speak about it. I also believe that Victoria needs a dedicated Mental Health Commission, to cover all aspects, not just complaints. I have seen the great work other state commissions have achieved and believe, we as a state are falling behind due to this omission in our sector. "

### **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?**

"There has been considerable work breaking down the barriers and understanding of anxiety and depression, which I see has been quite successful, however, it hasn't translated to a better understanding of personality disorders, schizophrenia and other complex illnesses. We need to dedicate funds to provide a greater understanding of these conditions. We need the resources available, so when people make the call for help, it is available as soon as possible. The current system means people are unable to access service, particularly area mental health, until the very last stage. I personally have rung many times with intent and ability to take my life and told, help will be available tomorrow, but if things get worse (ie you begin the process) call back. When the community hears that help is this hard to get (and they do in rural and regional areas) they have no faith in looking for help at the earlier stages. "

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

"There are a number of great programs and promotions which have raised the profile of suicide and the need to get help, however, I believe these are too passive in their approach, ie they require the individual to make a call. When help is not available on this call (unanswered calls to triage or Lifeline), then you feel justified in taking your life (no one cares enough to help). We need to train everyone in the community to see, ask and support a person to get help, so that when a call is unanswered or the response is unacceptable, they can advocate to ensure support is received. The Question Persuade Refer is an example of a one hour online session which should be available for every Victorian to take. We also need to ensure when we look at suicide prevention, we consider that it is not just a health issue, it is every government department's issue.

If a person is impacted financially, is bullied at work or school, has been abused, does not have access to a good education, lives in unacceptable housing or is homeless, then they are at a higher risk of suicide. We need to do this as a whole of government program."

**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.**

"Services need to be fully integrated with each other, especially in the sharing of information. Too often you have to tell each service you enter, the same thing over and over again. The government should look at ways they can support the secure transfer of information between services quickly and efficiently. It is hard to experience good mental health, when the cost of living is high and you have no extra money to take holidays or enjoy day to day living. For example. you can not imagine the pressure when every day you have to consider what you spend every dollar on, and you have to regularly deny your child things other children have access too. This constant stress does take its toll and people end up extremely unwell. Finding services is another difficulty we face. As the consumer representative on the Commonwealth's digital mental health gateway ([headtohealth.gov.au](http://headtohealth.gov.au)) I can see that this concept would work extremely well in listing the services (both digital and face to face) available across Victoria. This needs to be government led to ensure it happens consistently across the state."

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

"Those that are financially and socially disadvantaged are at a high risk of poorer mental health, due to the extreme stresses they face and the bleaker outlook they have in life. We know that people who are stressed and see no hope in the future, are a greater risk of poor mental health, yet we consistently make life harder for these people. This then become inter generational and we end up with a greater proportion of our community needing to access mental health services. People in rural and regional areas have an additional layer of disadvantage as we often have to pay extra to access services (higher transport costs) and often have limited or no choice in who we can access for help. "

**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?**

"We need to increase to salary for mental health workers, ensure they are well supported and provided with good professional development opportunities, but ultimately, we need more workers in the sector to prevent the burnout we are seeing in the current workforce. A worker who is burnout can not adequately care for the people they are meant to be supporting, and hence, we end up with an under performing sector. Until we mandate and train organisations to adequately support peer workers, then I would be reluctant to increase the number of peer workers. If a peer worker is not supported correctly, then without failure they will end up needing to access support again."

**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?**

"The number one issue is to address the lack of leadership/accountability in mental health in Victoria. This would be addressed by creating a Mental Health Commission who could provide the leadership, implement the RC recommendations and look at the performance of mental health services across Victoria."

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

Start employing people with a lived experience of mental illness to lead projects such as the Royal Commission. We need to show the sector that people with a lived experience are experts and recognized accordingly.

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

"As a consumer representative living in a regional centre, I am more than happy to assist the Commission with further information, or support."