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

Organisation Name
N/A

Name
Miss Ann Robinson

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"The main improvement that needs to be made in addressing this issue is start to treat people suffering a mental illness as human being with respect not as a criminal. There needs to more public education and awareness that a mental illness is an illness just like any other condition. It can be managed through medication and invention by health care professionals. There have been times when I have been taken to emergency departments by ambulance and left unattended on consulting room floor. I have been discharged from one emergency department only to be found again to taken by ambulance to another hospital. I have received an infringement notice from a PSO at railway station for drinking in public, but I am sure didn't have any alcohol on my person, but since I don't remember even speaking to the officers I just paid the fine. I have received a transport infringement notice for not travelling with a valid Mkyi card, but have a card with auto-topup, but once again don't remember speaking to the ticket inspectors. I have had to produce a driver's licence and other ID to prove that my Mkyi concession card and DSP pension card were mine to a tram ticket inspector. I have been told my a previous employer ""I shouldn't be working"" ."

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?
"I have been very lucky in receiving treatment and support, however it has come from individual practitioners rather than the mental health system. Initially, in my mid twenties post motor vehicle accident (May 1993) I had multiple emergency department admissions and discharged with without treatment. It was quiet an unusual pathway to final receive diagnose and treatment for a dissociative disorder. I wear glasses so was at the optometrist who sent me over to a local GP who referred me onto neurologist. During a early appointment the neurologist was unsure about what I was experiencing so before he completed his investigations referred me onto a colleague, a psychiatrist in a private consulting rooms. My first visit to the psychiatrist who have been after 4 months of multiple ambulance trips to hospital after being found on the street unconscious. I was referred onto a psychologist by the a health professional who did a neuropsych assessment. It took until October 1994 for my first admission to a psycharitic unit. "

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

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.
"I have been extremely fortunate that the healthcare professional I see have been very generous. The psychiatrist I see every 4 to 6 weeks Medicare Bulk Bills for his services, the weekly

psychology sessions are heavily discounted for me plus the 10 annual Medicare sessions (it would great if there were more Medicare sessions availble annual, 10 simple does not provide the support I need), and a good GP have been very supportive. I am also lucky to recieve a DSP pension so medications don't cost alot. The biggest problem is that one is there own case manager and sometimes your not in a fit enough state to be up to the task."

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

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?
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?
"Employer education and understanding is the key to maxmising people to reach their full potential. I have struggled at times to be in employment. I had about 10 years out of the paid workforce (from 25 to 35). At 37 years gained part time employment which was supplemented by a DSP pension. I had a good 14 years in the same position with a very understanding employer. However, when he retired and was replaced my next boss was not as understanding and told me ""I shouldn't be working."" I ended up leaving my employment there because I could cope with the pressures placed on me and my best efforts were never good enough. This year has gained another again part time position, once again an understanding employer. Being in employment is not so much about having enough money to live on but more about quality of life, my income is still supplemented by a DSP pension. I am lucky that I received a tertiary education prior to experiencing a debilitating dissociative disorder even though I don't work as Industrial Chemist or Secondary Science Teacher I have been able to do post-graduate studies in theology and are able to work very flexible part time hours in Pastoral Ministry. Others are not as lucky as the onset of illness is earlier in their lives and it totally disrupts their education. More has to be done to provide education opportunities to these people."

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?
N/A

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

Is there anything else you would like to share with the Royal Commission?
"Often when one suffers a mental illness other health issues can be over looked, symptoms can

be but down as part of the mental illness or totally psychosomatic. One symptom I experienced post road trauma (accident May 1993) was urinary incontinence. Apparently not a big issue, but I one I had deal with every day and accepted that is the way it is. The treatment plan whilst in psychiatric unit was if I cleaned up after myself I would eventually get tired of it. I was also told it would eventually resolve itself. So ever since then have required waterproof bedding and wear incontinence pads. It was until not until June 2016 that I had major dissociative episode and ended up a short term hospital ward that I gave permission to my current treating psychiatrist to access the hospital records and it was mentioned in the nursing notes. It was only then that I was quizzed on the problem and encouraged to seek treatment for it and it was only then that I acquired a referral from my GP to an urologist. The urinary incontinence is managed now through seeking specialist continence physiotherapy, medication and Botox treatments to control the smooth bladder muscle. Not perfect but alot more manageable. I am lucky that though a combination of Health Insurance, Medicare, DSP pension and money from family members I have been able to afford the treatment. It should not of taken over 20 years to be taken seriously about a health problem. I sure it may have been quicker if I didn't have a dissociative disorder."