

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

Organisation Name

N/A

Name

Miss Ashlee Meacham

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

"This is a difficult question as it's not an area of discussion, or a topic of passion/vitriol in the same standard of cancers or domestic violence. There is no discussion of mental health checks, of early warning signs or resources available to accommodate these things, should they exist. Barring the "R U Okay" day, mental illness "checks" are somewhat non-existent outside of competent general medical practice. The current perception of mental illness is that some people have it, it's there, but there is no in-depth understanding of how mental illness develops, or how it is treated, of rates of relapse, of what it actually looks like. For the Victorian community to better understand mental illness I think education and attention to risk factors, statistics and a real look at treatment is important, for there to be more of a spotlight on mental illness even if it's less attractive than other health issues. "

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?

"A lot of community support groups/outpatient groups that are focused on a specific mental illness work very well. For example, the BETRS outpatient therapy which has trained and impassioned staff for eating disorders, as opposed to more generalised psychiatric care. In terms of preventative care, little can be done outside of identifying risk factors, identifying early warning signs (both community based and medically based). Getting treatment early is best supported by ease of access. For anyone working or going to school, particularly in age groups that are high risk, it's incredibly difficult to get to a GP, get a referral, find a mental health professional, make an appointment, wait on a long list for two weeks go to the first available appointment and actually afford said appointment. For someone with a mental illness, doing all of the above - repeatedly - is like asking someone with a broken leg to run a mile. Early treatment needs to be accessible, more affordable and easier to access."

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.

N/A

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?

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 accessibility to mental health services and for those mental health services to be expanded. As an example, the number of available beds in psychiatric units are criminally low - the allocation of beds for eating disorder patients in the APU at The Austin was five beds. Five beds, out of a catchment area of hundreds of thousands, for a mental illness that has a 20% morbidity rate. The number of beds needs to go up, it's not enough to put people into general wards until they're medically stable and then discharge them. Even the aforementioned BETRS outpatient program only had sufficient funds to run three days a week with a capacity of eight patients. Sometimes there could be a ten week waiting list - this would never, ever happen to any other illness in dire need of treatment. In addition, the cattle mentality of the above (due to minimal availability) needs to be addressed. The relapse rate and strain on the system would decrease if the first point of treatment were effective enough, which means having educated professionals, having the resources available in the first place and having access to those resources be more simple and individually catered. "

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?

N/A