

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

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N/A

## Name

[REDACTED]

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

"The Victorian community is broad and very diverse in terms of cultural and linguistic diversity. Through my experience as a member of the Indian community, I have seen the government make strides to support and preserve the socio-cultural traditions of this community, but very little to integrate awareness of current mental health supports available. The stigma my father faced when struggling with schizophrenia precluded him from participating in many social events in the Indian community and my family would often feel a sense of shame or loss of respect due to the perceived judgement of others. The Indian community in Victoria, much like many other culturally diverse communities is close knit and meet often. Implementing mental health awareness and breaking down of stigma within these niches is important and not very well done. "

### **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?**

"Community teams are quite good at keeping those with active and chronic mental illnesses in the loop and monitored to prevent relapse. In my personal experience as a carer for my father who experiences serious psychotic relapses, the mental health act saved his life to mitigate the risks of him potentially acting on his paranoia and delusions. I am now a doctor, training to be a Psychiatrist and speak to carers and families as well as patients about community supports and the mental health act and it is rewarding to hear how grateful people can be to have this safety net after hospital. It is important to note that when people recover from a mental illness they do move on with their life and are less likely to provide feedback about their care. The deficits in the system and individual gaps which impact on people who do not recover well are heard more loudly. Mental Health triage is incredibly clunky and difficult to navigate. Anyone who has tried to call their local CATT team in a crisis will know how difficult it is to get through or to receive urgent care for their own mental illness or that of their loved one. This can often lead people to be fed up and go straight to the emergency department, often staying for hours and then being sent home. Otherwise the police or ambulance has to be involved as they did with my father, leading to a traumatic situation. What I have learnt later, whilst working as a doctor in psychiatry is that the mental health workforce is grossly understaff, inordinately burnt out and severely traumatized. This has a huge impact on patient care and preventing relapses and early warning signs. "

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

"Suicidal behavior and such thoughts are often a sign of burnout and compassion fatigue, rather than always being a sign of someone wishing to end their life. Carers often feel backed into a corner with nobody around to help them and that their problems are always second, which leads to poor ways of communicating distress. Not enough is being done to assess the mental health of carers and their risk of suicidal thoughts which, if left unaddressed can turn to actions. "

**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.**

"Mental health services are often great in terms of what they appear to offer on paper, as this is based on the vision established in a board room and with naive idealistic phrases. However, in terms of execution there are not enough resources to carry this out. My father received good care in hospital, we were very grateful to all the nurses, doctors and allied health staff who looked after him while he was experiencing psychosis. However, it was often obvious that my father's care was greatly impacted when his nurse was severely assaulted by another patient. He had built rapport with this amazing nurse who cared for him and made him feel safe, but nobody was there to protect her. My father, a gentle man, grew greatly fearful whilst in hospital due to the level of trauma he witnessed when he was meant to be in a therapeutic space. He was concerned for the welfare of the staff whom he had grown to trust, but were leaving and being abused with no support from their seniors. It is not possible for good mental health care to flow on to patients when the staff who are supposed to provide this often develop PTSD, Depression and anxiety in the process."

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

Integrating primary mental health services and literacy in culturally and linguistically diverse areas.

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

"Greater community supports and resources are needed to prevent worsening of symptoms early on. The current supports are well meaning and work well to an extent, but grossly understaffed. My father experienced his final relapse that led to him to never leave hospital when the case manager to whom he was allocated was on leave. There was nobody keeping contact with me or my mother in his absence and we did not know who to contact when things were starting to get worse. Case managers just like any other employee need to have leave and feel safe and rested, but the system needs to compensate for this so there is frequent contact with families when things are not going well. The emergency department is not a replacement. "

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

"Address violence and trauma in the workplace. I have seen assaults in the mental health ward as a carer for my father, and now as a doctor working in psychiatry. Things are getting much worse, not better. Staff have symptoms of PTSD, anxiety and depression at a much higher rate than the general population. It is often accepted as a "part of the job", but no human being deserves to be abused on a daily basis and feel unsafe at their workplace. "

**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?**

Increase the amount of drug and alcohol support services.

**Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Facilitate safe work place for staff in mental health, especially nurses, so that proper support can be delivered by those who are psychologically safe and not burning out or experiencing PTSD from their jobs. Enable more psychology input so those with mood and personality disorders can access early interventions and meaningful therapies without having to pay privately or end up in hospital with lots of medications. Work with socioculturally diverse communities to incentivize breaking down of stigma. More psychological supports for carers and families including psychoeducation. "

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

"Remove focus from quantitative data about KPIs and admission rates, to qualitative data from patients, families and also health workers. "

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

N/A