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

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Name
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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
"Multifaceted approach - 1/ public education (media, social media, celebrity endorsement) 2/ education in schools (beginning in primary and continuing throughout secondary schools) - which would entail more teacher training or secondment of mental health workers 3/ consequences for discrimination (especially in the workforce) similar to the legislation around race and sex 4/ research what has already worked overseas and modify it to apply to Australia "

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?
"Some programs appear to have worked well eg R U OK campaign, Docs N Teens in school program, programs like PLAY, HIPPY and PEACH in 3214 but it is vital that the outcomes of programs such as these are studied to evaluate worth. The GP Mental Health Plans have provided increased access to counselling but the benefits of increased access to counselling have been uncertain in terms of outcomes in better mental health and reduction in suicides. It has also been difficult for patients to access these programs where needed most eg I work in the largest medical practice in the lowest socio-economic area in Victoria, and funding for access to counselling at our clinic was withdrawn. Patients now have further to travel, often to places inaccessible by public transport, with only a very low percentage of patients having access to a private motor vehicle. Access to appropriate psychiatric treatment is also extremely difficult. As a GP in the largest lowest socio-economic area in Victoria(postcode [redacted]), I find it virtually impossible to access a psychiatrist for patients. There is no psychiatrist, to my knowledge, working in the public system in this area of need with a large population of disabled, disadvantaged and CALD patients with a much larger than average number of mental health illnesses. In my opinion, prevention needs to begin early, from pregnancy to parenting , adolescence and throughout the life cycle. This could include better access to pregnancy birthing classes (currently booked out at the public hospital, so not accessible for all), short parenting courses upon hospital discharge, community mentoring, provision and use of community hubs (such as the Northern Arc Health and Wellbeing Hub), sites for care from birth to Year 12 (such as Northern Bay College), collaborative housing projects to increase community strength, programs for mentoring by grandparents in schools (or Big Brother/Big Sister programs) etc etc. Once mental health problems are evident, access to mental health services needs to be improved. Currently, public mental health services are greatly understaffed and as a consequence, are seen to function with the main aim being to turn patients away. I teach GP registrars, and my teaching about the local mental health services is how to advocate for the patients and overcome the barriers placed in their way by the mental health teams. It remains a very adversarial system. It could be improved by mental health treatment ""in place"" eg options for on site evaluations at clinics or home (currently if the mental health team is contacted by a doctor in our clinic requesting an evaluation for immediate risk, the only option is for the patient to be sent to hospital);mental health clinics where GP's, psychiatrist,

counsellors(psychologist or other), mental health nurses, drug and alcohol counsellors, detox services, financial counsellors, legal advice and social workers are all co-located on one site in areas of most need. Co-ordination of care across services and interdisciplinary would also greatly improve access and support, as would destigmatisation (see above). "

What is already working well and what can be done better to prevent suicide?
"Suicide prevention needs a whole of community approach with increased public awareness and destigmatisation (see question one). There needs to be a shift in culture where it is ok to talk about mental health and ok to seek support. In combination with this, there needs to be increased research to determine the strategies that are effective(eg mental first aid courses taught in schools). There should also be an attempt to limit access to means of suicide such as firearms, illicit drugs etc"

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.
"The factors preventing good mental health can be categorised into social, economic and physical, and include factors such as race, ethnicity, gender, age, education level, sexual orientation, geographic location, financial income level, and social supports. On a personal level, working as a GP in the largest medical practice in the largest lowest socio-economic area in Victoria(postcode [redacted]), access to mental health services is very difficult. There is no available psychiatrist working in the public health system in our area. Psychologists accessible through the [redacted] are often inaccessible to patients as they are located in another suburb, often with no public transport (they were previously funded for our clinic, but funding was withdrawn). If patients are not eligible for the [redacted], psychologists who do not charge a gap fee after the Mental Health Care Plan subsidy, are extremely few, so therefore heavily booked and are located across the other side of [redacted]. Inpatient detoxification rehabilitation services are only provided by the private sector or charities.Patients are often discharged from hospital attendance at the Emergency Department, sometimes after suicide attempt, with no follow up plan or support services in place. See the answer to Question 2 - copied below In my opinion, prevention needs to begin early, from pregnancy to parenting , adolescence and throughout the life cycle. This could include better access to pregnancy birthing classes (currently booked out at the public hospital, so not accessible for all), short parenting courses upon hospital discharge, community mentoring, provision and use of community hubs (such as the Northern Arc Health and Wellbeing Hub), sites for care from birth to Year 12 (such as Northern Bay College), collaborative housing projects to increase community strength, programs for mentoring by grandparents in schools (or Big Brother/Big Sister programs) etc etc. Once mental health problems are evident, access to mental health services needs to be improved. Currently, public mental health services are greatly understaffed and as a consequence, are seen to function with the main aim being to turn patients away. I teach GP registrars, and my teaching about the local mental health services is how to advocate for the patients and overcome the barriers placed in their way by the mental health teams. It remains a very adversarial system. It could be improved by mental health treatment ""in place"" eg options for on site evaluations at clinics or home (currently if the mental health team is contacted by a doctor in our clinic requesting an evaluation for immediate risk, the only option is for the patient to be sent to hospital);mental health clinics where GP's, psychiatrist, counsellors(psychologist or other), mental health nurses, drug and alcohol counsellors, detox services, financial counsellors, legal advice and social workers are all co-located on one site in

areas of most need. Co-ordination of care across services and interdisciplinary would also greatly improve access and support, as would destigmatisation (see above). "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"1/ Low socio-economic areas, as people experiencing mental illness are often in this category, as are the CALD and physically disadvantaged groups 2/ Geographically isolated communities 3/ Adolescents - [redacted] was an attempt to address this issue but has been unsuccessful Whole of community approach from pre birth to old age - destigmatisation, increased community support, teaching parenting and age-appropriate skills, embedding positive psychology into school curriculum, mentoring, legislating for inclusiveness and against discrimination, increasing access to services, teaching community mental first aid, co-ordinating services across disciplines (legal, medical, judicial etc)"

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?
"Collaborative services preferably on site in areas of need as detailed above (with legal, drug and alcohol, financial, and medical/counselling/psychiatric services) all co-located Study of what has worked in other countries and what could be adapted to work here Increased education and support for parents beginning from pregnancy (at least)"

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?
"One area I have not mentioned but which I have found to be overlooked is that of late adolescents/young adults with cancer. CanTeen addresses younger patients, and older patients have community services, but this is an area with special needs(moving away from home, establishing relationships, getting a job etc)which are currently poorly addressed. The Royal Commission is specifically addressing rural Victoria, Aboriginal and Torres Strait Islanders, and CALD people, with no mention of people in low socio-economic areas. I would argue that this is a huge area of need, with concentrations of indigenous peoples, disabled people, CALD people, drug and alcohol misuse and resultant large numbers of people with mental health illness. Low

socio-economic areas are often among the most disadvantaged in terms of services provided, and I would strongly advocate that they be better represented in the public domain."