

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

## Organisation Name

N/A

## Name

Dr Leeanne Fisher

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

N/A

## 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?

"Prevention of mental illness is about population based interventions addressing the social determinants like housing, education, poverty, employment etc and needs bold and 'big government' approaches. Think Scandinavia. The emphasis needs to be placed on community rather than the individual, the collective good and not only what is 'good for me'. Social policy makers, population health experts and mental health leadership need to come together. "

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

"It is impossible to know how many suicides are prevented by the measures that are in place, other than by a case by case basis when a patient might tell a clinician what their intervention has meant for them. However, when you do hear such stories it generally about a connection made, a phrase used that challenged the decision that the patient had made. So, this comes down to time and follow-up. We may well prevent mortality and morbidity if everyone that presented to an ED with suicidal ideation/attempt or self harm definitely had follow up. The roll out of the Beyond Blue program ""The Way Back"" may be this intervention but has not been operationalised. "

## 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.

"An experience of good mental health isn't about access to services (ambulance at the bottom of the cliff). It's contained by the fence at the top of the cliff. It's about large social measures like housing, education, income etc and inoculation against stress. Take a look at how the soccer team boys in the Thai caves have done and what has led to their ABSENCE of any poor mental health outcomes (at a conference now where this was presented). Their sense of belonging, trust, team work etc was engendered through their community and participation in a collective purpose. "

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

"Lack of access to housing, income, education etc. Big picture stuff. A whole of government approach is needed, looking to international examples. Investment in children is required. Too much money is spent trying to 'change the brain' of someone after it has developed. We need to inverse the proportional spend and invest early in life. "

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

**them?**

"Funding is required to better support families and carers, with services needing to be supported to employ a lived experience work force and having specific roles to support them. Services know that this is required and yet the work is not as valued (see how contact data is recorded in the public mental health system) by the Department. "

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

"Many people are already attracted to the field but retention can be difficult because they are asked to do so much with so little. We need an increased spend overall in mental health, equal to the disease burden. We then need to invest in services for children and young people. No one gets to adulthood without first being a child. The child mental health workforce is woefully under invested in and needs parity of funding. If the workforce saw this kind of investment then retention would be easier. Nursing ratios would be re-evaluated so that there could be more emphasis on 1:1 contact in settings like inpatient units. Funding models in headspace centres should be revisited so that the core staff are remunerated in line with public sector colleagues. "

**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?**

Social enterprise.

**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 catchment boundaries, across age groups. Address the 'missing middle' ie. secondary services. There is a gap between what is offered between primary platforms and tertiary mental health services. "

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

"The catchment boundaries, across age groups. "

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

N/A