

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

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

"Less pressure on those dealing with mental illness to be advocates for the same. It is an increasing burden that with illness, creates unnecessary pressure. Mental health being advocated for, encouragement of people who don't think they need help to receive it, to alleviate pressure at the crisis level. An annual death toll by suicide, similar to the road toll, make known the fighters who did not survive. Introduce to school aged children normal emotions and their meanings, and when emotions become different and when to speak to an adult. FUND mental health services! FUNDING and early intervention."

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?

"The mental health care plan is a good foundation to build on. 6-10 sessions a year barely helps. By the time you find a therapist you have rapport with, you may have used 4-5 sessions to get there. Minim fortnightly visits for 2-3 months is more comprehensive and patient focussed. Educate GPs. STOP giving anti-depressants as first line treatment, so dangerous but have had it offered personally on way too many occasions. Therapy first, medication second. Fuck off the tick box computer algorithm, can barely get a dr to look you in the eyes when completing these. Huge barrier to patient/healthcare relationships."

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

"24 hour hotlines are essential, again needs more FUNDING! Can not access headspace past 12 midnight. Again: suicide death toll, make it be known the impact it has on our country. Better access to CATT teams Short stay centres 24/72hr for suicide attempts, not just discharge or full admission as only options. Suicide awareness campaigns that focus on asking are you suicidal - bearing around the bush gets no where"

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.

"Not enough government funded sessions means out of pocket expenses. People with mental illness are already known to be worse off economically, yet hundreds of dollars/hr are charged. Stops adherence to programs and detrimentally affects lives Lost mentally ill people - those with a job but struggling to make ends meet are not eligible for government assistance but are inches away from losing it all. Public mental health facilities being for the sickest and private for those with cover - no intermediary option. Leaving vulnerable people on their own. No follow up post discharge from mental health facilities No communication from hospital to psychiatrist to psychologists to GP. Need integrated system to allow better flow of case management (not my

health record, its shit) "

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

"Higher cost of living, I work in the public healthcare sector and can barely make rent + food each month. Bullshit for a 3 year bachelors degree. Plus medication cost /month is around \$150, psych appoints \$300 (between psychologist and psychiatrist). If you cant afford access, how can you improve your wellbeing I cant imagine how much harder it is for the lower class, jobless or homeless. Stop gentrification around government housing estates, as they all seem to be getting demolished and the impoverished are pushed further out into the suburbs away from the services they need. "

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

Information and sessions with case team to understand diagnosis and management

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

Not sure

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?

"Better access to intermittent government assistance, I dont need Centrelink year round but I may need to for a few weeks/months at some points in my life. I would almost be more comfortable on benefits than working full time. Not much incentive "

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?

"Easier access: GPs first assessment should be mental health care plan, and a knowledge of practitioners in the area. More sessions on the care plan for those who need it. Capping at 10 leaves people vulnerable. Inpatient care the is not the currently run public system for the worst cases. Short term supported crisis accom as an option. Cheaper private health to cover private admissions. Better staffing ratios and appropriate skill sets Free/cheap/more affordable care all around. And MORE FACILITIES FOR EATING DISORDERS!!! There are none. Maybe 4 beds at the [REDACTED] and a few more at [REDACTED] Completely forgotten sufferers of mental illness"

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

"Come to a public mental health facility and see what happens there. Drugs unable to be confiscated as they are literally everywhere. People on suicide watch/sections rooming with actively psychotic clients, fights, death threats etc just within the patient population. Invest in more public facilities for patients who need supportive care but dont meet current criteria. More eating disorder beds/facilities. "

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

"Emergency departments frequently leave mental health patients unattended for hours in wait

rooms - waited 5 hours to get stitches at one Melbourne hospital. Waited in a bed for 6 hours on another occasion to be seen by psychiatrist. Had items stolen in the psych ward that no one cared about (despite no personal lockers available) Been cornered by another patient who was naked, and in my bathroom, reported it with nothing happening. There's so much more, but these have been the only events I've been lucid to remember. "