

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

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Name



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

"The Victorian community seems to have had sufficient exposure and education around high prevalence disorders such as depression and anxiety. We do not need any more awareness campaigns that focus on this. In services and in the wider community there are harmful attitudes and assumptions around those who have been labelled with diagnoses such as Schizophrenia (and other psychotic disorders) and so called Personality Disorders. To have these ideas be so rife in the health system is completely unacceptable, leads to people being underestimated, having reduced access to services they deserve just as much as other individuals who have received different diagnoses or being placed on treatment orders which limit their rights unnecessarily. Suggestions to tackle this: mandatory training in all public health services which includes up to date information regarding recovery rates for these groups of individuals that mentions approaches that are humanistic, respectful, hopeful and effective that can be utilised to support these groups (Open dialogue, narrative therapy, collaborative recovery model are a few). Ensure that the media has reporting guidelines that are mandatory that do not propagate untrue and harmful ideas about the level of violence perpetrated by individuals with a mental illness diagnosis. It is not the symptom of any mental illness to commit violence, individuals with mental illness are more likely to be victims of it however, whenever someone does have a diagnosis of a mental illness it seems to centre in reporting. Individuals with different diagnosis should be supported to share in more public forums about their experiences or just in general representation in media, sport ANYWHERE to reduce harmful assumptions and stigma from prevailing. "

## **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?**

"PARC services are fantastic, especially those that run with minimal clinical involvement, are goal and strength oriented and are able to include access to peer support workers. To be able to stay in a supported place that maintains your level of access to the community that also provides opportunities for connection with like minded individuals whilst also maintaining your sense of autonomy, self efficacy and identity outside of illness is incredible. We could work to have similar places to this that extend on this model, in other parts of Australia there are peer operated crisis alternatives to hospital which would be a supportive option for those many individuals who experience inpatient settings to be traumatising beyond the reasons they might have gone there. Beyond these things, anything to produce better social conditions would better prevent mental illness! Introducing a universal basic income, providing better access to free education, more employment opportunities, support to people to recover from exposure to any kinds of trauma they might experience early, access to affordable housing... basic things needed to live a healthy life! Access to free beyond 10 sessions psychological support for therapeutic models beyond CBT based therapies would prevent mental illness. As mentioned before, including things like Narrative Therapy, Open Dialogues, Schema Therapy, Gestalt therapy and many more on the better

access/MHCP list for rebates is a must. Not all mental illness/trauma experiences have the same course of development so why would they require a blanket standardised response? In a similar vein, not all people identify with the language or model of mental illness but still end up on CTOs, a review of the mental health act in accordance to the charter for human rights in Victoria is much needed. I think we are unnecessarily medicating individuals to a point where normal human variance and even natural responses like grief are being inappropriately pathologised and forcibly treated in a way that is further traumatic to people often the point where they are experiencing psychic injury at the hands of the state. "

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

Providing people with opportunities to connect to personal values and meaning is a must. This was the focus of the now defunded MHCSS services and we will see the impact of the loss of this work in overflowing hospitals and undoubtedly/tragically will see the consequence of this in loss of lives. Reinstating ANYTHING in the community beyond the inconsistent PHN programs and incredibly lacking and inaccessible NDIS services is an urgent priority. Fix it before we see a surge in suicides.

### **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.**

"Conditions of late capitalist society. Impending consequences of global warming. Impacts of marginalisation for those in oppressed groups. Being detained in an offshore processing centre. Being alienated from meaningful work and opportunities connection with others in community. The things that make it hard for people to experience good mental health are not necessarily to do with the services responding, although they are responsible for causing further harm if you are talking about coercive practices. These are unacceptable and a breach of the United Nations Declaration on Human Rights. Seclusion and restraint need to be banned in all health services, the mental health tribunal needs a review of it's processes. The current Mental Health Act does very little to protect people's rights to physical and emotional safety in services. "

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

"Bigotry in the general community. Limited support services addressing intimate partner violence in the LGBTIQIA+ community. Services that try to force biomedical models on ATSI service users who require culturally co-run and co-produced services that acknowledge past harms done by government organisations, work in ways that allow for trust to be built and that do not attempt to pathologise spiritually significant experiences."

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

"Not sure, I am a carer, due to the isolation I experience in my family and friends not understanding my loved one's hardship I feel like I am shouldering the care load by myself. There are often no services that can help me unless something has already happened. I need triage to listen to my wisdom and experience. I have had times where I have rung them telling them that my loved one is actively attempting suicide and they have told me to wait until it has been successfully completed or until someone else in the community has been hurt and to then call the police instead. This has resulted in a completely preventable overdose taking place and in me nearly

losing my loved one. This is not an acceptable system, to ask for help and be told to wait until someone is dying. "

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

"Improve the knowledge of the clinical workforce on the benefits of the peer workforce. To try and recruit people in the clinical workforce based on humanistic values held. In terms of peer support workers, support structures need to be improved, we need to see a higher percentage of lived experience workers employed and employed at all levels of organisations to support this also. Consumer workers need access to independent supervision as any specialist discipline does. They also need to be remunerated in a way that acknowledges the very unique, emotionally taxing work that they do. Consumer led research needs to be supported as well as a strong commitment to bolstering consumer leadership in organisations. Workforce readiness packages that let managers and colleagues know how to appropriately and respectfully work with the unique perspectives that lived experience worker bring."

**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?**

There are very minimal opportunities for this and it is appalling. They should have the same opportunities any other Victorian has with the right support and reasonable adjustments.

**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?**

"Addressing urgent human rights abuses occurring within the mental health system right now. Re-establish community mental health support as soon as possible before we see overflowing hospitals due to our lost prevention and recovery focused work. Provide more non-medical recovery spaces for service users to access such as PARCs or acute alternatives. Better tailored services for marginalised groups such as Asylum Seekers, LGBTIQIA+ folks, ASTI service users."

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

"I'm not sure, it's pretty busted up with the NDIS changes. It wasn't perfect before but it so much worse off now. Feels like trying to plug holes on a sinking ship. "

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

"I really hope the commission actually listens to the submissions received, beyond the terms of reference... "