

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

Submission. 0002.0028.0413

Name

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

Teach Children about mental illness in schools from an early age to destigmatise and demystify the stigma. If society can understand that the person who has mental illness is just like them but going through a rough patch or perceives things differently they may understand the issue better. People with diabetes or any other illness don't feel afraid or judged for taking medication - we need to show that same tolerance and understanding to medication for mental illness.

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?

I think GP's work well in providing mental health care plans but if a person is shy or doesn't feel comfortable with a GP then it can be difficult to access assistance. Supporting people to get early treatment means that structures are in place for people to feel comfortable and safe in seeking assistance. Men in particular may struggle with this. In certain cultures men are taught to be strong and showing any vulnerability is a sign of weakness - thus I think GPs have a central role to play in supporting people to access early treatment and support.

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

"I feel like sometimes not much is working well. I present as someone positive and optimistic and that is how I feel on good days unfortunately when I have bad days I feel suicidal sometimes for weeks on end. I try to reach out first to family and friends but I don't tell them I am feeling that way I just say I would like to talk and then just hearing their voices can help, but I have found that when I get beyond that point and I call the CAT team or my psychiatrist or psychologist or life line or CASA or even my work EAP it seems that no one wants to really hear or support beyond the allocated timeframe. In the past three weeks I have been actively suicidal on a number of occasions and the psychiatrist just increases my medication which leads to me feeling drowsy and drunk all the time, my psychologist won't see me if I can't pay the fee - which I can not always afford and sometimes I have to choose over food and bills over my mental health, my work EAP only wants to assist if the issue I am having is affecting my work output. CASA has so many clients that I am far down the list of priorities."

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.

"It is hard to experience good mental health when the cost of services is so expensive. I work full time and receive a mid range income therefore I am not entitled to free services - finding \$400 a month in my budget to see a psychiatrist and a psychologist is usually only possible a few times a year, but I feel suicidal at least 5-10 times a year so not being able to afford access to the services when I need them is really stressful and upsetting, I am a well qualified person but simply cannot

work in my field due to my illness and the stress it induces. The biggest issue for me is cost."

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 knowledge regarding services available.

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

Family members and carers need to also have access to respite. When I am having a bad time it affects my husband as he is my main support and when I have bad days I am quite open with him about how I feel. I know this creates further pressure on him and he needs to be able to also have a chance to rest from my issues.

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

"Better Training and Better pay, better access to services that protect their health"

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?

Remove the stigma around mental illness. I don't tell my current employer about my illness because my former employer retrenched me a couple of months after I disclosed I was suffering from depression and post traumatic stress disorder - the comment made at the time - was that I was no longer able to function as I was mentally ill and the threat was made that if I stayed in my role I would be performance managed.

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?

"Fund the cost of access to mental health services - its preventative for people to see professionals such as their psychologists or psychiatrists. The cost of suicide is higher than prevention for the community as a whole. Provide dedicated hospitals for individuals with mental health needs, people with mental health issues may sometimes just need to step out of their "normal" lives for a period of time until they can function again. Some people may never recover fully but they need to have extended support and places that they can feel safe."

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

Increase the numbers of mental health professionals being trained in Victoria

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

"I was sexually assaulted for years as a child and then not believed when I did disclose the abuse which led to drug taking, irresponsible behaviour and ultimately depression. My first suicide attempt was at 14 where I ingested a whole jar of my mothers pain killers and antidandruff shampoo- my father found me and took me to the hospital where I was kept overnight and told it was attention seeking behaviour, I saw a psychologist after this which my mother organised (she was a mental health nurse but also believed I was being a brat)- This professional diagnosed my issue as being a cultural issue as I had been born in another country but mostly raised in

Australia- I told him he was wrong and that I had been assaulted on a number of occasions between the ages of 4 and 13 but he just couldn't seem to fathom that it could have occurred particularly when I disclosed who the person was that assaulted me. I went on to attempt suicide another two times in my late teens and took drugs to cover up the pain which I believe has contributed to my ongoing ups and downs. I stabilised for some time and had a child in my mid 20's and suffered both pre and post natal depression, I then had twins in my mid 30's and went back to work and postgraduate study and then ended up becoming the main breadwinner for my family, once again I crashed and this led to two suicide attempts closely together - one of them in front of my then 14 year old, once again I was kept in hospital for one night and sent home. I saw a psychiatrist for 5 years on Medicare but then he was suspended by AHPRA and then I had to start seeing someone privately. As I mentioned before I cant always afford to see my treating doctor so when I do spiral I literally have to wait until I can afford to see him. I need to make the choice at times if I can afford to wait for a few weeks or if there are other more urgent expenses that need to be met. My most recent suicide attempt was three weeks ago, I could feel myself spiralling and I called my doctor who agreed to see me urgently and I paid only the gap fee rather than the full fee. He increased my medication which I hate because it makes me feel drowsy and unable to function normally. I had tardive dyskinesia from a medication two years ago and it took nearly a year to be diagnosed so I am afraid to increase my medication in case the TD returns. The last time I tried to suicide I called the following list of people to seek assistance prior to calling my psychiatrist as I could not afford his fee. 1 Life line (they were initially busy but then answered after I tried calling a second time and the person talked about all my protective factors and suggested I go back to my psychiatrist) 2. GP - who said to talk to my psychiatrist 3. Work EAP - who listened and then suggested I talk to my psychiatrist as I told her it was not affecting my work 4 Psychologist who wouldn't see me because I was unable to pay the full fee so she rescheduled me for two weeks time when I told her I would be paid again. 5 Brother who I couldn't share my issues with for fear of him not believing because he represents people who suffer from work injuries so he doesn't believe in my problems because he cant physically see them 6 Sister who I discussed her upcoming overseas trip with 7 Friend who also suffers from mental illness who suggested I see my psychiatrist and I didn't feel comfortable telling her I couldn't afford to see him. I could not discuss how I felt with my husband as he is not presently working and I did not want him to be concerned about our money issues. He is self employed and because I work we are not entitled to any assistance. My hope for myself and others in the community in the future is that the stigma around mental illness will be reduced and that the cost of accessing essential services for mental health will not prevent people from seeking assistance when they most need it. "