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

Organisation Name
N/A

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Improve GP's mental health literacy, especially around personality disorders, so they can: Improve their patient's understanding of how psychologists operate, and reduce ""do not attend"" rates. Improve the quality of referrals to other service providers, especially talking to the acute sector and triage, so navigate the system better. Better assess distress levels of mentally ill patients, to help both patient and carer. Allow for better shared-care models and the benefits that flow from such models Start discussions based upon improving the management of the complexity of the social issues surrounding mental health. "

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?
"1. Psychiatrists are becoming more aware of the social and environmental needs of the patients we refer to them. 2. Triage is providing improved practical advice, and support to assist GP's to manage patients in the acute setting. 3. Royal Colleges of Psychiatry and General Practice, and AMA, are listening to each others concerns and have a willingness to participate together. The question of HOW to do this perhaps requires study of overseas models. 4. Revisit the excellent service that the no longer funded Psych Disability Support Services and Primary Mental Health Teams provided, as a lot of patients sitting in my waiting room and now seeing me more frequently, found these services extremely helpful"

What is already working well and what can be done better to prevent suicide?
"I don't think this is working well at all as suicide rates are climbing, and over all age groups. Children as young as 5 years old have suicide."

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.
"People are often overwhelmed with life: they don't know how to stop and reflect. People are loosing the art of negotiation, preferring to demand services. They don't know what is wrong, nor where to seek help. Help and support are disjointed and services have drifted into trying to supply all needs themselves. There is a lack of understanding regarding what information is confidential and what is necessary to be shared between services. There is a lack of trust between services. Accommodation is often expensive, inappropriate and unsafe. Those with mental illness are extremely vulnerable to manipulation. The focus on risk of harm to self or others needs to be balanced by levels of distress in order to get help and support from both Acute and Primary Care. Carers do not feel their distress levels are being attended to. "

What are the drivers behind some communities in Victoria experiencing poorer mental

health outcomes and what needs to be done to address this?
"Low socio-economic issues. Cultural and CALD Indigenous status Finances Inappropriate accommodation Violence. Intellectual Drugs and alcohol. All of these cause distress and difficulties with problem solving and general coping. They are problems that can be solved, but not by the patient alone. This is why they need support as opposed to treatment. The support is a case-management model. The model needs flexibility to enable it to be used according to a patient's needs and distress at various stages of their lives. Having to re-refer and complete processes over and over is a waste of time."

What are the needs of family members and carers and what can be done better to support them?
"To be listened to. To get appropriate support: accommodation, financial and emotional. Respite For those with severe problems, some form of day care"

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Supervision so they cab de-brief. Case load management. Appropriate remuneration: especially in GP Clinic as salaries are poor to those employed by organizations able to claim charitable status, and hence salary package."

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?
"Flexible work places: flexible hours and sick-leave. Employers who understand the unpredictability of a persons coping skills when they have a mental illness. Perhaps a few patients sharing a roster, so they can organize with each other who works when, on, say, a weekly basis. Also, for those patients who struggle with obsessive traits, finding a healthy work-life balance, or saying ""no"" to not be pressured into increasing hours because they are good workers."

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?
"For each service to decide on what is core business, and what may be better farmed out to other services: spread the load. Meetings to discuss this, and imp[rove lines of communication. Help writing referrals so relevant information for the service request is fed back to the referrer: for the recalcitrant GP's, the PCN to arrange a face-to-face meeting with an experienced GP to correct this. More ""universal"" referral forms rather than each service having its own format. Ease of acute management access; better communication with patient monitoring frequency; what to monitor; when to re-refer: a central information service to advise on navigating the system. If the problem is not in my department, whose department is it? Expand RCH's ""YES policy: yes I can help"". "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Good collection of de-identified data so appropriate reviews of the model can be made. Regular meetings between Acute and Primary sector personnel at a management level: the RCH Community Reference Group in Mental Health (convened by Harry Gelber) is a great model. Being a member of it for 20 years has been wonderful, and the representation of organisations

from many and varied backgrounds but with a child's mental well being as the main focus has helped broaden my perspective of mental health treatment, and gain an important understanding of the difficulties facing each service. An annual or biannual 2 day conference format with service's giving an up-date of what they are doing or struggling with is the sort of thing I would like to participate in."

Is there anything else you would like to share with the Royal Commission?
"Having met at a Community Meeting in Preston, and hearing the thoughts of consumers and service providers was a wonderful experience. It could be repeated. It gives me hope you will develop great recommendations. While I do not have formal qualifications in mental health my experience is: 1. Worked with CLIPP: a shared care program with North West Area Mental Health (NWAMHS) in 1990's. I am a clozapine prescriber 2. Helped set up, and worked for a year with NWAMHS Primary Mental Health Team. 3. Member of RCH Community Reference Group in Mental Health for over 20 years. 4.GP member of Mental Health Review Tribunal 5. Was a board member of Dianella Community Health Centre 1997-2015, and Chair 2007-2015. "