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

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"The labelling of mental illness as a medical condition has been useful in breaking down some stigma (e.g. managers in some industries are now open to accepting mental health leave days as standard). However there is a broader societal issue about what we perceive as 'strong' and 'weak'. This plays out for men, particularly in traditional or conservative cultures, where men are perceived as being strong, not crying or asking for help. One micro-example of how we can address these broader cultural norms, is Men's circles or groups. In these groups, men are able to safely express how they feel and share with other men in a supported environment. This helps to breakdown the stigma. The current family violence prevention advertisements are quite powerful in this respect - breaking down old-of-date male roles. Any public health campaign may also benefit from thinking about helping people to understand that you cannot 'fix' someone's mental health. You can acknowledge and bear witness to their suffering, and sometimes, that is very powerful. There is quite a bit of literature from psychologists about people holding space in times of grief and pain. Again, that would be a huge shift in our cultural norms and how we relate to others. "

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?
"GP mental health plans are a good way for people to start with professional psychology. Mental health plans are commonly referred to amongst my peers. However there seems to be a missing step - a step that would provide a more holistic view for the patient to then choose what type of intervention/s best suits their needs. This could also reduce the demand on health services and increase access for 'complimentary' services. For example, there is evidence that meditation and diet (e.g. gut health) can improve mental health. On a personal level, I have benefited greatly from a combination of interventions including diet, psychology, yoga, meditation, exercise, workload, social connection and spiritual connection. Neither GPs or Psychologists provide this holistic advice - there is no central place for this advice - one has to find it out for themselves. This is one of the consequences with the medicalisation of mental illness - the medical profession is ill-equipped to provide a holistic, patient centred model of advice and referral. By providing a more holistic plan or intervention options, this may also reduce the stigma of mental illness and also allow family members or carers to be involved in the plan. Ideally, the plan would not be as 'private' as a psychology appointment which would allow family and carers to be engaged. "

What is already working well and what can be done better to prevent suicide?
"Suicide prevention tools and tips are available (perhaps only obvious to those of us who have had to experience suicide), however these are not provided to family members or carers when a person is diagnosed with a mental illness or receives a mental health plan. As an example, I have recently been treated for breast cancer in the public health system in Victoria. I received several fact sheets that I could put on my fridge about side effects during treatment. I was also

encouraged to bring family members or carers to appointments to listen to information and take notes. I don't know if this is standard for all medical conditions, but it should be encouraged for mental health, particularly if a person is suicidal. For people working in particularly high risk occupations (e.g. vets, paramedics, nurses, etc), more information should be provided to managers and a culture of duty of care embedded. In my husband's case, as a nurse, the hospital provided briefings after significant/traumatic cases however the culture of the hospital meant that these briefings were trivial and not valued by staff and managers. Instead, it was common practice to joke about going to the bottle shop on the way home to fix it. Perhaps these workplaces are de-sensitised to the trauma and are unaware of the impact it is having on staff. "

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.

"There seem to be a number of factors that affect mental health and more information needs to be available on the underlying causes of mental health. Not all of the research should come from the health sector. Some interesting research is emerging about the importance of gut health. There is also a sense that some people's mental health deteriorates as a result of lack of connection. There is also the impact of people's experiences (e.g. childhood abuse or trauma). Another broader societal issue is the increasing hours of work in Australia (I think we have the highest in OECD). Increased work hours impacts on the ability for individuals to practice good mental health (e.g. time to rest, meditate, exercise, eat well, etc.). Perhaps we should recognise that we need emotional, mental, spiritual and physical resilience. The medicalisation of mental illness doesn't seem to be able to address all four quadrants of resilience. A holistic, integrated plan would be useful for people seeking mental health treatment. "

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

"Some communities in Victoria experience more day to day stress which impacts on their mental health outcomes. In addition, low SES groups don't have the ability to pay for expensive interventions such as psychology (even with the mental health rebate). One idea could be to provide each patient with a set amount of funding to start their mental health plan - this funding could be used for different types of interventions (e.g. meditation or yoga rather than just psychology). A psychologist/life coach could be used to advise the patient which options would be best for them and offer advice on how to access these holistic services. Workplaces could also improve support services for staff. Unfortunately the stigma around mental health exists often in the older generations, which are often in management positions. Engaging young people to help develop wellbeing strategies in the workplace could be beneficial. "

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

"One of the critical issues for family and carers is the privacy around the patient. GPs and psychologists should encourage patients to bring their family or carer to key appointments to discuss their plan. This would also allow family and carers to be informed of the risks and to know what to look out for. For example, I was unaware that changing anti-depressant medication was a significant risk factor for suicide. This would have been useful information to know before my husband took his own life (three weeks after changing his medication). I am not aware if the GP made a follow up call to my husband after she changed his prescription, but that should be

standard practice, to make sure the transition has occurred according to medical advice. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Some of the holistic interventions I have mentioned, such as meditation, yoga, nutrition, etc, could also be beneficial for the workforce. Formal recognition of the higher risk within the workplace for burnout and trauma, such as more mental health days, could help. "

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?
"One of the biggest issues for people seeking treatment for mental health is the need for time. Time to access services, time to undertake healing work and practice new techniques, and time to rest and recover. More flexible employment would certainly help, such as more part time or job-share roles. Another option may be to promote people with mental illness to contribute to committees and boards - to broaden the awareness of these issues where decisions are made. "

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?
"Move to a more holistic treatment plan - that doesn't just include medical (psychology) interventions - but gives patients information and choice to access other complimentary services. Funding could follow the patient, rather than the service. This could be scaled up or down depending on the needs of the patient (e.g. acute patients may still need to have medical interventions). Prioritise research into complimentary services and publish information to empower patients. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Public awareness campaigns, better research about what works Improvements in key high-risk workplaces (e.g. paramedics, vets, nurses, etc). "

Is there anything else you would like to share with the Royal Commission?
"My husband, John, took his own life in February 2016. John was a remarkable person, he had a beautiful soul. He was warm, kind and empathetic. He touched the lives of so many people in his short life. John was a nurse, working mostly in emergency departments where he experienced many trauma cases. He had battled with alcohol, and hadn't found ways to effectively manage his anxiety and depression. The death of his mother, a few years earlier, had a profound impact on him. He did not seek professional support to help with his grief. John had seen a few psychologists over a period of 4-5 years, on and off (he had disclosed that he was suicidal at least once in the early stages). In the three weeks prior to his suicide, John changed medications without any transition period. John died of a multi-drug toxicity. There are a few things from my experience with John's suicide that are worth noting: - the coroner's report was inconclusive and therefore doesn't officially indicate suicide. Does this mean his death is included in the statistics for suicide or not? - I was not involved in any appointments with health professionals. I don't know if this was suggested by the GPs or psychologists - but if a patient was diagnosed with a terminal illness, they would be encouraged to have family or carer present - the same should go for patient's that disclose suicidal thoughts (which John did disclose at this first GP appointment) - GPs prescribing

medications should provide follow up calls when changing medications (I understand this is a significant risk factor for suicide) - perhaps the medication could also have warning labels on them - this could alert carers and family to the risk (I was unaware that a transition is required from one medication to another). Finally, I was the only person who knew of John's mental illness. The stigma was too great for him to talk to his friends and family. I hope that sharing his story will help one person to talk to someone about how they are feeling and go to seek help. Thank you. "