

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

SUB.0002.0024.0019

Name

[REDACTED]

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

"Education - beginning with the school system (so we can raise the next generation well educated to remove stigma and foster open and honest discussion), to workplaces, the health system, the legal system and beyond. Also, coverage through general media - to lessen the 'shock value' and normalise mental illness. It is so common in Australia today - like asthma or diabetes - it should not have to be hidden."

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?

"Services that come to a person's home are a great aspect of the current system - often the act of leaving the house is virtually impossible - to have services come to you is a vital resource. However, these resources are stretched and many of the people working in these roles are not able to give 100%. Consultations with GPs are a great gateway resource, but they need to be able to point the patients in the direction of other services to assist EARLY rather than when things are at crisis point. "

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

"Where things are at crisis point, people need to be able access beds in specialised wards/facilities to allow that person to be SAFE and for treatment to be undertaken. Too many people are turned away - such as my partner, who presented at an emergency department, only to be sent home with a couple of valium. He was told he was 'fine' - two days later he suicided. Inpatient care also needs to be extended - so that it is not limited to a 48 hour limit (or any other such limit) to ensure that the patient is treated and supported properly and not released to be at a higher risk than prior to admission."

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 are limitations with catchment areas - you might fall in a different catchment area for a service so they won't even talk to you. There needs to be links between services so that they can cross-refer as required - not based on catchments. Currently, the system is very hard to navigate - and you encountered more 'closed' doors than open doors. Treatment should also not depend of the level of health insurance you have, or the amount of money you can afford for treatment - ALL people deserve to be treated if they require it. Too many people falls between the cracks in the system."

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

High drug and alcohol dependency - the links with these high risk behaviors to mental health problems is often linked. Treatment needs to work hand-in-hand across these areas. There are just not enough resources in some communities - long waiting lists will force people to 'self medicate' and self diagnose issues. This is not an ideal situation.

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

"In my personal situation, where my partner [REDACTED] experienced a psychotic episode which ended with his suicide - as his next of kin and partner, my input to his consultations with the ER staff and the CAT team were completely disregarded. Family and friends - the people in the 'circle' around the unwell person - provide vital information that is important - we know that person better than anyone. This information needs to be listened to and noted. Where family are present, they MUST be listened to, they must be taken seriously and they must be informed of what is going on. Too often they are ignored and disregarded. This MUST change. "

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

"Improve their working conditions, pay them fairly and provide personal safety. Regularly educate them to the changing developments in this sector. Educate them so they are aware of complimentary services to refer people too. Give them enough support to allow them to work effectively without burning out and becoming jaded. I guess it comes down to money, education and support."

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?

"Build better social networks where people can connect and form relationships. These may be online communities or forums, or they could be support groups, or even book clubs! We need to link people up so they are not alone, provide them with opportunities to connect with other people in similar situations so that they can learn from each other. Open more community cafes - providing not only social spaces for people to go to - but also employment opportunities. Educate employers so that they are more likely to be open and receptive to employing people with mental illness - perhaps provide government incentives?"

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?

"Processes in hospital emergency departments. I am not a professional so I cannot guide you with exactly what processes are required - I just know that it needs to change. It is not working efficiently and people are being sent home where they go on to suicide (when it could have been prevented if they had been admitted and made safe in a locked ward for example). Families also need to be taken into consideration during consultations - I was never listened to and I believe that was a critical shortfall in my case. Mental Health facilities also need to work on a more individual basis - rather than trying to lump everyone together. Some people will need treatment for longer than other - they should not be limited to short stays. After any inpatient treatment there MUST be follow-up care for a considerable amount of time. Education needs to start in schools, so that mental health is regarded in the same way as asthma or diabetes for example - treated early to

avoid it becoming a crisis and possibly fatal. "

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

I know I have said this throughout the submission - education is they key! You will need comprehensive training resources to be rolled out across the system. It needs to be planned and managed so that nobody falls in the cracks. We need consistency across the system.

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

"I would like to share with you my own personal story. Unlike many other stories I am sure you will be reading, my experience of the Victorian Mental Health System was relatively short just a couple of weeks. My partner, ██████, had suffered a debilitating back injury at his workplace. Despite having surgery to stabilise the injury, he was in chronic pain, had limited mobility (he had minor spinal cord damage), he could no longer work and could no longer drive. He was incredibly isolated. ██████ had no formal diagnosis of any mental health conditions except mild depression as a result of his chronic pain which was being treated with anti-depressants and was considered 'under control'. When his behavior changed dramatically over a very short period of time, I initially took him to his GP, who prescribed him with anti-psychotic medication and arranged a follow-up appointment for the following Monday (the appointment was on a Friday). Over the course of the weekend, his behavior become increasingly more erratic, so I did what I thought was the best thing I called an ambulance (Saturday afternoon). The ambulance arrived and I managed to convince him to go in the ambulance to the hospital he was initially reluctant, but I insisted. He was taken to ████████████████████ and dumped in the waiting room clearly distressed, wearing his pyjamas. We were left in the waiting room for over 4 hours, with the usual array of broken limbs and cuts etc. ██████ behavior was very erratic and he was quite distressed. In that waiting time, we had no interaction with any staff and we were not offered an alternative place to wait (despite the fact that there was a room available for this kind of situation). When he was finally seen, he had a cursory consultation with a mental health professional who was dismissive and disinterested. I tried to explain ██████ behavioural changes and my concerns for his mental state and physical wellbeing. My Mother was also in attendance and echoed my comments. I was dismissed my comments were not heard. I was pleading with them to do something, I was genuinely concerned that ██████ was going to hurt himself. The medical professional declared ██████ was fine and sent him home with a strip of valium tablets. A follow-up appointment with the CAT team was arranged for the next day (Sunday). The CAT team did attend our home on the Sunday afternoon, they were late and one of the pair spent the entire time on the phone juggling appointments. They were clearly under pressure and stretched to capacity. Again, a brief discussion took place with ██████ Again, my concerns were dismissed. The CAT team declared that ██████ was fine and no further follow-up was required. Case Closed. The following day (Monday morning) ██████ hung himself ████████████████████. This is just a brief summary of my experience and I know I am not alone in this experience. Thank you for taking the time to hear these stories and pledge to improve the system. Although my experience was almost 8 years ago, I feel it is still relevant and I was extremely honoured to be able to share this story when the Royal Commission Terms of Reference was launched by the Victorian Premier, the Minister for Mental Health and the commissioners back in February."