

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

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Name

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

"Education as to what mental health problems means to services such as police, doctors, educators, the legal system. Understanding what this means may assist in the prevention of family violence for example, removing children from their emotional main parent support. The person with the biggest voice is listened to, not the actual victim sometimes. If a person with mental illness fronts up to the court system to lodge an intervention order, and succeeds, in an interim order issued without the facts. A long process starts at a cost to the community. The costs include homelessness, loss of job, home, children who will have long term mental health issues initiated. these children may already have disabilities such as autism, where stability is crucial to their emotional growth and wellbeing. Issues related to previous suicide attempts, how those attempts were instigated, etc. family situations, disabilities of children, etc. One person may be self-sufficient and hold down a job with great tenacity, the other partner may be out to get everything they can from the systems. "

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?

"The partner and the family should be assisted by mental health professionals on how to gain help, to recognise the onset of a crisis and other issues surrounding the partner or family members seeking help with doctors, psychiatrists, police etc. It is no different than recognising the onset of labour and birth. This is not a 'privacy' matter when the impact on the family and community becomes the supports both financially and emotionally. the family breaks down. if someone is experiencing appendicitis and spouse calls for an ambulance, its ok. but if a spouse has gone cold turkey on medications and the issues escalate over the ensuing weeks to doctors and other mental health professionals due to a crisis, this is called a privacy issue. There is no actual education on what this means resulting in family breakdowns, loss of homes, family violence due to emotional support issues to the children. Children know who is the stable parent. Being admitted to a psychiatric facility may go against a person in court. A person may fear being admitted due to any treatment they may be advised. "

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

"My sister died from suicide in SA 14 years ago. her husband had been violent and abusive, she was too ashamed to tell her family because she thought any supports provided would make them the victim. Police attended, husband taken to psychiatric facility and then released back to her the same night. Three children were involved. how could that happen? The system didn't work for her. at her fourth attempt she succeeded. she was afraid of him and she was afraid for anyone who helped her. she wasn't helped, her husband wasn't helped. in my family right now, there is a problem with borderline personality disorder, a disability worker for the children (autistic) who has been giving marital advice escalating a vulnerable person (mother) into a marriage breakdown,

taken over the role of the father and husband. the husband and father is the victim and struggling with the loss of his wife, struggling with the health system not supporting him in a crisis when begging for help when his wife went cold turkey on medication, struggling with the legal system believing everything the very convincing mentally ill person says. Children are being set up for the rest of their lives to be dependent on non family supports, feelings of guilt, and lack of structure. the police, lawyers, disability workers in particular should be trained in how to identify mental health issues and manage a situation. the community should be able to see through the bravado as not being natural and question why. "

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.

"the NDIS caters to certain types of disability. the people the are employed to create plans are dealing with parents and families that are under high mental health stresses. local area coordination is conducted by some great people. however, if they are working with all types of mental health issues and coordinating supports and services, training should be provided before any involvement with any person with disability, particularly families and carers. carers are entering into family situations and sometimes do not know how to be neutral and non judgemental. the legal system can issue intervention orders without any background or knowledge of the family, the mental health of one in the family with catastrophic outcomes. pamphlets should be handed to anyone to follow up on mental health services. two sides of the story should be taken into account before one person is victimised as being abusive when they clearly are not. homelessness can occur, and subsequently suicide. another issue is when a person who has been a victim of family trauma phones for support and the person on the phone turns that person into the perpetrator of the issue, such as the mens helpline, [REDACTED] etc. sometimes the victim is so worn out they will be completely shattered by being led into a corner and being informed that they are the abuser. there is little understanding of what is a normal partnership/marriage in a relationship with severe mental health issues that have been balanced by a loving and caring partner, despite the abuse that they have lived with for many years. these services are not providing their operators with questions to help identify a mental health problem before they start on the journey of turning the caller into the guilty party. disability workers need to be completely assessed for any issues they may themselves have related to controlling behaviours and also be trained in how to manage themselves, when caring in a family home. "

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

"a lack of understanding of how to recognise mental health issues. educating by ads, providing examples of symptoms. complete overhaul of disability and mental health disabilities. recently, SANE has assisted a family member to understand what has been happening in his life. there is not enough stringencies in place to understand the effect of one small comment, the snowballing repercussions. "

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

"addressing exhaustion. the drain of trying to help their family member and the knowledge of ongoing forever situations they can do nothing about. there is no point having carers in the family home, that create further problems. there is very little that can be done to remove people without

dramas and confrontation. there is not enough people trained for back up and support to help families that fall through the cracks. there should be accreditation for anyone working with any type of disability, mental health disability etc. no accreditation no working with people."

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

empowerment to do their work with extensive ongoing training group supports and mentoring. we need all support systems in the community to be trained and aware the same as WHS training and awareness.

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?

all types of education that exploit personal skills and provide self esteem. revisit medications and the effects of these. visit what medications can do to a person if they stop taking them.

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?

"look at IVOs that are placed without ever finding out two sides to the story. clear up the issues surrounding a partner or family member begging for assistance where there is none. upgrading clinical testing centres and the ability to have more facilities that address issues in a caring environment without waiting for months even though a family is in crisis and turned into a disaster zone, with loss of home, children traumatised, carers interfering, not respecting family culture etc.."

"

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

"expand on services, educate people, assist all support lines to recognise a person with mental health issues, and how to communicate with them. spend the time to identify small children being set up for a life time of mental health issues because the family is breaking down due to mental health and poor supports in place. "

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

I have 4grandchildren on the autism spectrum. my daughter is nearly at burnout due to her 14 yo just becoming more aggressive daily. he is on medication but is pretty awful to her a lot. she has disability carers in the home which escalates issues. one was a mental health nurse who actually made things a lot worse. the other side of the family has a family member who if you ring me I will talk to you about it.