

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

Organisation Name

N/A

Name

Mx Elliott Provis

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

"My submission relates to the interaction of mental health issues, disability, family violence, and substance abuse. A family member of mine is diagnosed with Autism Spectrum Disorder, and an intellectual learning disability. In addition, we believe that they are suffering from clinical depression, in addition to a pre-disposition to anxiety and paranoia. This individual has exhibited a number of truly aggressive traits, and a complete lack of control for their tendencies. Combined with their paranoid delusions, and inability for basic analytical and cognitive reasoning, a number of paranoid and anxious episodes have occurred which usually end with aggression and violence of varying degrees. The individual had unilaterally made the decision to stop taking a number of prescribed medications from their psychiatrist, which the family was not at liberty to change because of the lack of control of guardianship of the individual, by the family. Finally, the abuse of substances (including the theft of other family members prescribed-medication), and a lack of government support and engagement for this individual has culminated in a violent and aggressive altercation unfolding. Although this individual does not fall within the definition of someone who upon presenting to a CAT Team, or a public hospital as being a threat to himself, or a threat to others' at that exact moment, his behaviour towards both family, and to strangers on the street suggests otherwise. The hold time to call a CAT Team was excessive and didn't even eventuate in a connection being made (over two hours on wait). Presenting to the Royal Melbourne Hospital for an assessment was ineffectual. No such assessment was made, and the individual was told to simply return home'. Even if a private route to get a mental health assessment had been taken, the lack of immediate threat' to society or to himself means that the issue would be simply punted off to the family and friends to deal with at another stage. This is simply pathetic. It entrenches family violence further, by forcing the family to either accept the individual into their life again, and then likely leading to another domestic violence incident with much more dangerous and potentially fatal outcomes. Had the family chosen to involve an ambulance, then it is likely police would've also attended in the matter. Victoria Police does NOT have a good record of dealing appropriately with disabled and aggressive individuals. If the other option of removing the individual from the household and into emergency accommodation had been pursued, then the further instability introduced into their lives would've enhanced the paranoia and thus the aggressive behaviours of the individual. This time, without the direct support of the family, it would've been highly likely the individual would've simply lashed out at strangers instead. These kinds of random and aggressive acts by mentally unstable young men have been directly related to a number of high profile violent murders and sexual assaults of women in Melbourne in the past 18 months. It is incredulous that our society should simply refuse to intervene in any proactive manner until further family violence, or random acts of violence committed by individuals to other strangers, or to themselves, before intervening. Surely some kind of screen/warning/early intervention access system can be developed with varying degrees of urgent to low priority' intervention? Developed in conjunction with mental health professionals, the public writ-large, and

families who have had such interactions before, the system could have great potential. At a minimum legislative changes for earlier intervention are required, and perhaps changes to guardianship laws in addition. Although the parents involved have not yet ascertained legal guardianship over this individual, advice by mental health practitioners, and other legal practitioners has been that it would simply be too hard. When an individual is exhibited such clearly violent and aggressive behaviour, at a minimum the family should be able to start making decisions for the individual (especially if they're taking illicit substances). This would also reduce the burden on the family courts systems which are inefficient, and simply incapable of dealing with the large volume of cases which are entering into the courts. A number of these cases result in less than ideal circumstances, which actually result in the families accepting more risky terms because of the expense involved in running' such cases. All of these considerations should be taken into account in the Royal Commission into 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?

As listed above.

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

As listed above.

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.

"A lack of engagement with professionals, a lack of institutional support, a lack of funding to cover the costs of much more frequent and regular interventions by support workers. A time poor, and materially unaffordable private system of interventions by support workers."

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

As listed above.

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

As listed above

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

"Enhanced funding, better career outcomes, more consistent monitoring and implementation plans of structural reform, changes to the kinds of work which is funded, and the funding for different levels of intervention."

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?

"Greater economic engagement. A federal job guarantee (as mediated by a local government agency), and remuneration for different types of work which are currently simply not funded, or underfunded. Changes to the regressive pension systems which do not reward individuals for

attaining work, and instead penalise them but withdrawing funding. A structural re-think of how economics ACTUALLY works, and the abandonment of the idea that the government will run out of money if it funds all these programmes. Aiming to increase pensions to encourage individuals to work more, and increasing pensions when individuals attain further employment."

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?

As listed above in numerous text boxes.

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

As listed above in numerous text boxes.

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

As listed above in numerous text boxes.