

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

Organisation Name

N/A

Name

Ms Ramelle Lewis

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

"I suffer from anorexia nervosa, which I have found to be a particularly stigmatised illness. There are assumptions about its causes, who it affects and the factors driving it. I believe that the work done by Eating Disorders Victoria and the Butterfly Foundation have been extremely beneficial in promoting more balanced views about expectations of female beauty, as well as the way in which to support someone living with anorexia nervosa. However, I feel like popular media depictions of people with anorexia simplify it and confine it to a certain group, whereas people of all ages and genders experience the illness. I have encountered numerous times in my life assumptions that overbearing parents cause the illness, which has not been my experience. For many people it is a coping mechanism, a means of dealing with negative self-image and low self-esteem. I think that more government funding is needed for organisations such as Eating Disorders Victoria and the Butterfly Foundation, in order to reduce stigma and provide information about the best means of supporting sufferers. I also feel that there needs to be greater education of mental health workers who are likely to encounter people suffering from eating disorders. Eating disorders affect around 16% of the population, and therefore I think it is necessary for mental health workers to have a greater understanding of the illness, how it manifests and how to interact with someone with an eating disorder without triggering unhelpful thinking patterns and behaviours. While there are specialist units with highly trained staff, people with eating disorders can often be encountered in the general medical system when the illness causes physical complications and requires stabilisation in a medical unit. Even within the specialist units, I have encountered staff members that make comments about weight, weight loss and body image that are unhelpful. There seems to be an assumption that recovery from an eating disorder is as simple as eating more, when in fact the illness provides an intricate and often intractable framework for dealing with anxiety, depression, low feelings of self-worth and poor self-esteem. It requires both physical and psychological support, and sufferers should be encouraged to build a strong network of support as well as other means of gaining feelings of self-worth, such as relationships, study and employment. As eating disorders often, although not always, manifest in adolescence, I think it is extremely important to implement educational programs in schools and universities that provide students with information about the illness, support for sufferers and education for others. The prevalence of social media and the corresponding messages about ideal body size are certainly a contributing factor, although usually not the only reason, for the prevalence of eating disorders. For this reason, it is important to have corresponding messages about what is normal and healthy, in order to counteract these unreasonable perceptions about what people should look like, and about the dangers of dieting. "

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?

"Early intervention has been shown to be crucial in treating eating disorders, which is why

education at the age of adolescence and specialised units for children are fundamental for the treatment of eating disorders. It has been hypothesised that sufferers need to be at a healthy weight in order to gain the full benefit of psychological support, but it is important that sufferers who are working on weight restoration have a means to express and cope with the anxieties associated with weight gain. Greater education about the warning signs in order to identify people suffering from an eating disorder is crucial in order to enable those people to get support as early as possible and to prevent it from becoming a sustained and ingrained method of coping. What is needed is better and more education programs, more funding for eating disorders units as there is always a considerable waiting list to get treatment within a specialist unit, especially within the public system, as well as more funding for outpatient support "

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

N/A

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.

"One of the main problems I have perceived in treating mental health is the disparity between inpatient treatment and outpatient support. People are admitted into inpatient units where they may receive considerable support which enables them to stabilise, but once they are discharged, there is a huge disparity in the level of support and people often experience relapses because they have little support in the community. It is very important that before discharge, the treating team speak with the patient and develop a strong support network outside of hospital, which may include stable accommodation, employment and study options, mental health support and where necessary, a medication regime. What would also be helpful is funding for step-down accommodation which would provide inpatients with a stepping stone between inpatient treatment and the many stresses and burdens that are associated with day to day living, so that people with mental illnesses can learn coping strategies and routines that enable them to manage normal life in an environment that still orders considerable support. "

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

"Drivers behind poor mental health can include isolation, lack of support, low levels of employment and impecuniosity. In order to address this, funding needs to be targeted both to areas of dense population as well as remote areas, and incentives to encourage mental health workers to practise in remote areas so everyone can get the support they need. "

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

"Family members and carers need to be more involved with treatment. Doctors should be liaising with carers and keeping them informed about treatment, as well as listening to what it is like living with someone with a mental illness and anything about the sufferer that they should be made aware of. In addition, there need to be more support services for carers so that they receive support while caring for the person, financial assistance for costs of finding treatment and caring for the person, and encouragement to look after themselves in order that they can support the person they are caring for. "

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

"There needs to be more effort and funding spent on finding and retaining peer support workers, as it is extremely helpful for people suffering from a mental illness to be able to speak to someone that has been within the system, understand the difficulties associated with it and can provide hope for recovery. In regards to mental health nurses, there needs to be more focus during the degree on mental health, and more than one placement in a mental health unit, as due to the stigma of mental illnesses, prospective nurses may be reluctant to work in mental health if they have not been adequately exposed to the system and haven't learned the skills needed to work in mental health. Currently, there is strong support available for mental health nurses to train and continue education through workshops, and this should continue. "

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?

"There need to be more community support services that run groups for people with mental illnesses, and greater understanding within the employment network that would allow for flexible participation in employment so that people can balance their employment with recovery. Greater education about mental illnesses would hopefully reduce stigma and enhance the social participation of people with mental illnesses. Universities and schools should have a strong network of support for students with mental illnesses and allow for adjustments and extensions made for people living with a mental illness. There should be funding for art, recreation, sport and other social groups for people living with mental illnesses, to provide outlets and encourage participation in social life, as well as being able to communicate with others who are living with mental illnesses. "

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?

"There needs to be more funding for both inpatient psychiatric services as well as community mental health. Greater education of the mental health workforce is needed, and more focus on mental health within general courses such as nursing and social work. More education campaigns and funding for workshops to be run in schools, universities and places of employment are needed to reduce stigma of mental illnesses. Schools, universities and places of employment should be encouraged to allow for flexible engagement of people working to recover and manage their mental illnesses. "

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

"More funding and greater education are two key needs for the Victorian mental health system. More community support is crucial to encourage people to live independently with mental illnesses, instead of leaving people exposed and requiring frequent inpatient admissions and a cycle of institutionalisation. "

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

N/A