

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 communitys understanding of mental illness and reduce stigma and discrimination?

"The Victorian community broadly would benefit from communities that encourage residents to be more inclusive, local, interactive and interdependent and where access to society is not dependent on money. Initiatives like community gardens that engage in urban food production for example would provide opportunities for all to be involved and could intentionally aim to make themselves accessible to people with mental illness. Places to interact where all can be involved would increase peoples interactions with people who have mental illness, relationships would naturally develop and stigmas would be challenged. Encouragement of employment opportunities for people with mental illness that are flexible and respectful. Supported by education and backed up by anti discrimination legislation, would change perceptions across the community. "

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?

"I have observed that thoughtful and caring individual staff in mental health facilities can be helpful. I know that community support measures that include home visits and very practical help can be great but these seem to have been cut. Access to support before crisis is really important. Very practical help so that bills, medication, accommodation, access to an income can all be kept on track would avoid very destructive crisis and hospitalisation. My sister was last hospitalised in late 2016. She had been cut off from her income by the 'robo cop' initiative and this precipitated her hospitalisation, not surprisingly. How much did the 'robo cop ' exercise cost in terms of suicide, costly and lengthy hospitalisation, emotional distress? If the hospitalisation costs were measured against good community support I am sure it would be more effective. Hospitalisation is damaging in its self. It causes disconnection from community, disconnection from the nurturing daily experiences of fresh air, sunlight, the natural world, good fresh food and something meaningful to do. Instead people like my sister report feeling ashamed, stigmatised, disconnected from people, from the natural world, from everything that can nurture. My sister was released most recently in 2016 after six weeks involuntary stay in hospital, diagnosed with every possible mental illness. Drugged for every possible mental illness. With no access to money. With no affordable accommodation. With no ongoing interventions that felt supportive or relevant to her needs. She was released Into the care of a friend who did not have the capacity to care for her - in fact my sister has always had the caring role in that relationship. She was not consulted about her needs and felt entirely disempowered. "

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

"Don't wait for a crisis - support peoples daily needs. Ask them what they need. Make sure that the basics are in place - accommodation, good medical support, good mental health support - not a six monthly review from a rotating locum psychiatrist. Make sure people have resources to turn to before a crisis eventuates. My sister was homeless and can only now be housed because her

family subsidise her rent. She could not get a house to rent in Melbourne. We have rented a house in our names for her to live in. Society needs to open up to people who can't participate according to social norms - everyone needs purpose and meaning and to feel valued - there needs to be a place for everyone. People like my sister, contribute massively to society. She is a writer, an advocate an unpaid community development worker - but she cannot participate in a recognised way because she needs a lot of flexibility and to manage stress carefully. Society is missing out on her very considerable skills because she can't fit into the narrow spaces allowed her."

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.

"My experience as a sister of someone who has a mental illness has been that services do not meet her day to day support needs. Intervention is only available in response to life threatening crisis. Last time my sister was released from a six weeks involuntary stay in a psychiatric hospitalisation she was essentially homeless with no access to money. Her hospitalisation was in large part caused from being cut off from support in the 'robo cop' assessments and she remained unable to access money to live on even after being in hospital for that time. She was released heavily medicated with access to a locum psychiatrist every six months - she lived in rural Victoria at the time. A nominated 'carer' was 'supported' to care for her - this set up a relationship dynamic that caused a breakdown in the relationship with the person who took on that role, further isolating my sister."

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

"When my sister has been hospitalised it has been in rural Victoria and NSW. Services, such as community mental health support that were available ten years ago have been cut. Support services following release from hospital were vastly inadequate. My sister was released heavily medicated, and her access to follow up and review was a six monthly rotating city psychiatrist. Fortunately she was able to access other support - at very great cost and only by sacrificing necessities - and had her medication changed entirely. "

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

The most helpful thing is to know that your family member is receiving adequate community support. When that is not the case it is scary - there is no fall back.

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

N/A

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?

I don't know of current opportunities. Ask people with mental health illness what they need.

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?

Community support. Practical care - so that the basic things in life don't get out of hand. People should not be released from hospital without the basic needs being met - accommodation and access to money and medical support.

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

N/A

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

N/A