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

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Name
Anonymous

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
"Community stigma is a result of longstanding fear of people with mental illness. I believe awareness and reduction in stigma has occurred for diagnoses such as depression and anxiety, however the stigma for diagnoses such as schizophrenia is alive and well. My experience is that this stigma expands from the community to health care providers, with most nurses who do not work in mental health fearful of people with mental illness and addiction. I believe to improve this all health professionals require improved training and experience in working with people with mental illness. I believe more public awareness is needed as to the relationship between mental illness and addiction. GP's require more training in communication and assessment of people with mental illness, as it seems to be to continually be a stigmatised issue amongst GP's. "

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?
"Access to early treatment and support is very limited in this state. I personally accessed mental health services via my GP, with a 3 month waiting list to see a psychiatrist despite being in a highly distressed, anxious and depressed state that was impacting my home and work life. I did not see a psychiatrist due to the wait, and commenced medication and psychology. I have seen both a public and private psychologist and my experiences were day and night. I had much better and more helpful sessions, as well as being easier to access, when i saw a private psychologist. I believe community mental health services need to be greatly improved, particularly at GP clinics, as GP's have limited knowledge and experience with mental health. Personally I believe there should be a mental health clinician at every GP clinic to support the clinics and consumers to understand and be able to access more mental health support. Having had experience also working in the emergency department as a mental health clinician, I have received many referrals from GP's for suicidal people, whom in my opinion did not need to attend the ED and could be safely home treated. More education and ability to assess and understand mental illness is required for GP's, who are usually the first support people access in moments of mental ill health. "

What is already working well and what can be done better to prevent suicide?
"I think the public initiatives such as headspace, lifeline, beyond blue, and RUOK day are fabulous for people to access when feeling suicidal. There are many mobile apps and websites for people to visit, however it would be great if there were a single place where people could go that can link them to the right resources, ie: Department website for mental health support. Suicide prevention, particularly in vulnerable populations such as rural and remote areas, young persons, LGBQTI, and aboriginal and torres strait islanders needs specific focus and specific supports and interventions. Having worked in the Emergency Department, there are minimal intensive community supports available to people who are feeling suicidal, which is challenging when there are also no mental health beds to access unless someone is at very high risk of suicide. I would

refer people on to intensive community supports (ie. CATT teams) however these teams are overloaded, and it would be great if they were expanded to be able to support more people and not just the ones with the highest risks. Furthermore, for people who are suicidal, often accessing community supports such as psychiatrists and psychologists have a waiting period. For many people who present for help out of desperation, this is a bitter pill to swallow and the wait for support is distressing and scary for consumers and families. "

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.

"Services are quite disjointed and minimal for people with complex issues, and they are all inter-related. Homelessness accommodation is difficult to access and there is not enough of it, rehabilitation services for drugs and alcohol have long wait lists. I work on a public mental health unit and have many consumers who want to stop their substance use and detox whilst they are on the ward, then cannot access rehab straight away due to a wait list, which then causes them to relapse. Experience of mental health treatment has not been fantastic in my experience. I was depressed for many months after a series of serious life events, and thought I would recover but did not. When I finally went to a GP (as an experience mental health nurse) to discuss my symptoms and access medication for support, I was denied this and encouraged to try mindfulness. The GP did a few mindfulness sessions with me which were unhelpful because her education was only basic and she did not understand that mindfulness is not always the best thing for the person and can make them worse. I saw another GP and was able to access medication. I felt really deflated from this experience with the GP as it took me a lot to ask for help, and I felt even when I explained all of my symptoms that they were minimised. I also absolutely hate when GP's give you a 'depression rating scale'. These closed ended questions are ridiculous and do not allow for an adequate assessment of mental health. I was also never asked whether I was suicidal, and so did not tell anyone. "

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

"Access, stigma, and availability of services. Mental health services are disjointed, particularly in the public setting. Due to limited beds and specialist clinicians available for support, this is often left to inexperienced GP's. Alternatively people who need admissions to public units are unable to access consistency in care due to lack of beds, meaning they are waiting long times in Emergency Departments or admitted to a service that does not know them. People with mental ill health need support by qualified and appropriately trained people, and be able to access these when they need them, not wait weeks-months for availability. "

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

"I believe the new mental health act and the introduction of carer peer support workers has helped improve collaboration with family and carers, however the availability of these supports is limited. I feel like family/carers should be able to attend education sessions with people in similar experiences (like support groups), and have improved access to peer support through GP clinics. Family/Carers need support when they have a loved one with mental illness as their experiences can leave them traumatised and isolated. My mother lives with depression and has had suicide attempts in the past. As a mental health nurse I feel equipped to support her, however when I was

younger this took a large toll on me. I believe more supports for young carers are incredibly important, as it can be a very isolating experience when you don't know where to go for help. I believe access to mental health support and advice should be available at all schools and GP clinics and potentially 'community hubs'. This needs to be offered by specialist clinicians with adequate training and experience. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"The mental health workforce is highly traumatised. I work as a clinical nurse educator on a public mental health unit, and spend a lot of time supporting staff. The acknowledgement of this trauma and support post incidents has been incredibly helpful in reducing sick leave and supporting return to work. The post incident support model on the ward I work on is that we offer a 'defuse' where we unpack the incident, then talk about common responses to trauma and self care. We then do a 'watchful waiting' period and check in again with anyone who doesn't seem to be coping well. I have spent a lot of time implementing this process on the ward, which has been effective, but takes away from my normal duties and so I struggle to manage my own workload. The other factor is workplace stress due to acuity and workloads. Most of the nurses who work on the ward I work on miss their breaks, stay back late, and spend their shift running around supporting consumers and forgetting to care for themselves. We do not have enough staff to manage the workload and help our workforce feel supported, so more focus on the area of staff well-being and trauma in mental health settings is needed."

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 are some community groups that are amazing, such as Mens shed. However I think there needs to be many more of these, including education and support groups, and social links. It is also difficult for people with mental illness to access NDIS, and clinicians have to be creative with how they apply for NDIS to support consumers. NDIS should be able to provide people with mental illness services, not just people who are 'disabled' by their illness. In addition, all workplaces should have specialised mental health support services to enable staff to feel better supported, with flexible working arrangements for people living with mental illness. "

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?
"Contrary to what I have heard said, I actually think more of everything would be incredibly helpful. Mental health services are stretched far too thin, and people have to be very sick to access them. More community supports, mental health clinicians working with GP's, mental health specific responses via ambulance and police with specialised clinicians. More beds, more public services, more staff, more psychologists without a medicare limit of 10 per year if needed for people. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Funding!!! Support of the workforce. Public education.

Is there anything else you would like to share with the Royal Commission?
"The value of the peer workforce is clear. However, the peer workforce need to be mindful of their

own professionalism and blame of clinicians who are trying their best. I went to a conference in Hobart last year (Towards Eliminating Restrictive Practice), whereby many consumer peer workers were permitted to speak from the audience and speak horribly about clinicians. I found this to be a very deflating experience, and do consider myself a passionate and kind mental health nurse. I believe there needs to be equality between consumers, carers and clinicians, and i feel like the peer movement at the moment is not being professional or courteous to clinicians. Assaults and violence are rampant in mental health acute settings, which I believe is still under-reported. More resourcing, improved environments and more beds are required urgently or we will continue to lose many great nurses as it is too hard. "