

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

Submission. 0002.0027.0082

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

"De-stigmatise mental illness, through media especially TV, the workforce, schools.....public forums educating the public. Not everybody who has a mental illness is dangerous! Accurate definitions of illnesses. Do not sensationalise the often tragic event that occurs. Mental health needs to be better explained to journalists reporting events. Treatment of mental health should be the same as physical health is treated. A holistic approach is required. Definitions need to be accurate. Schizophrenia is not a 'split personality' it is a 'fractured mind' = thoughts are perceived in a disordered manner. Often hallucinations, delusions, lead to social isolation and lack of motivation. Bipolar disorder - manic depressive disorder, includes mood swings often fluctuating between severe depression, mania and 'normal moods' . "

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?

"Headspace is working reasonably well, more resources needed, it needs to be expanded to all age groups. What happens to young people after they reach 24 years old? Implementation of Open Dialogue Program, more early intervention. More mental health nurses in schools, .Implement meditation and relaxation in schools. Bulk billing all services for people seeking psychiatrists, psychologists, cost is too prohibitive. Waiting lists to access the public system are too high. Pressure the Federal Government to bulk bill all services for mental health patients. Continuity of care in the public system is needed. A holistic approach is needed treating physical and mental health equally. Address the homeless, more affordable, supported accommodation. Increase the disability pension, by putting pressure on the Federal Government, making decent housing is affordable, Most services are not 24/7, often crisis happens out of hours. More engagement with carers/friends supporting their loved ones with mental illness recognizing the important role carers take."

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

"Early intervention in schools, teachers trained to look for the signs of children and young people subjected to bullying and online abuse. Implement coping skills to deal with peer pressure, isolation. That it is ok to feel sad sometimes and talk about your feelings. Perhaps teaching relaxation in schools at the beginning of the day before lessons start could be useful. Take seriously any communication of distress, seek help immediately, listen to the person's concerns. "

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.

"More support in the workplace to help deal with mental issues. Support for people with mental

illness wanting to enter or re-enter the work force. Information placed on work notice boards of all the various support services that are available eg beyond blue, lifeline, drug and alcohol abuse. Address homelessness, more low cost housing, adequate housing is a human right. All people on a disability pension due to mental illness automatic qualify for the NDIA. On discharge from a mental health facility a support worker is assigned to the person and adequate follow up on going treatment and carers/family/ support person notified and kept informed. "

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

"Poverty and homelessness, isolation are linked to poor mental health outcomes. Unemployment, under employment are factors contributing to depression and anxiety. A shortage of affordable housing is a major issue, many people are homeless. People on unemployment, sickness or disability benefits struggle with rising energy costs and other daily living expenses. Lack of bulk billing for mental medical expenses means many people fail to seek help early. Lack of co ordinated, integrated services in many rural areas need to be addressed. "

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

"Official recognition of Carers role in providing support to their loved ones who have an on going mental health illness Include family members and carers in the treatment of their loved ones. The carers are pivotal as they have the knowledge and history of their loved one and should be acknowledged and listened to in the on going care and recovery. On going funding to carers groups eg Peninsula Carer Council (PCC) who support carers at monthly meetings offering support and advocacy and has a 24/7 telephone support service. This is a totally voluntary group and should have access to funding to continue its well acknowledged services. PCC provides support in the Frankston, Mornington Peninsula area. More respite for carers living with people with mental illness, allowing for taking time out and take a break of what is often a 24/7 responsibility."

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

"The pressures of mental health workers is enormous eg waiting lists. The system needs to be properly resourced Increase the number of mental health workers, psychiatrists, psychologists, mental health nurses, peer workers in the public system. Update education, using the latest treatments that have been successful, interstate and overseas eg Open Dialogue which is having a great deal of success in treating mental illness in Europe. Increase salaries acknowledging the importance of their work. "

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?

"My son who was diagnosed with schizophrenia over 20 years ago, struggled with the reality of his illness, years of denial took its toll. He at last recognises he has an on going mental illness. He has always wanted to participate in the workforce and has in the past applied for many jobs. He was directed to Employment agencies through Centrelink and given training which was supposed to lead to on going employment. Unfortunately when the subsidised wages finished after about 6 months the employer stated there was no further work. This rort needs to be addressed. Some

employers are using the system to their advantage to the utter distraught of the person with a mental illness who has been long term unemployed. This scenario occurred numerous times and was very demeaning and depressing for him. He is currently on a disability pension but still talks about getting a job. He has a limited NDIS package granted in April 2019 and yet to be implemented due to red tape!"

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Remove the stigma, disadvantage and physical health problems that effect people with mental illness disproportionately. Treat people with mental health illness equally to people with physical illness, often their physical illnesses are overlooked even ignored. A holistic approach is paramount to the well being of all Victorians experiencing illness. Carers given proper recognition of their role as a Carer in the treatment and ongoing care of the person with a mental illness. Bulk billing Medicare of services such as psychiatrists, psychologists. Pressure on the Federal Government to increase the disability pension, so many living below the poverty line. Adequate low cost housing, homelessness often leads to mental health illness."

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

Implement recommendations of the finding of the Royal Commission through legislation and report to the Victorian Parliament annually on the outcomes and improvements to Mental Health.

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

"As a parent of son with schizophrenia diagnosed over 20 years ago, the lack of on going support for him has meant several hospitalisation episodes, in the public health system. . The lack of continuity of care has continued and asking for updates on his wellness has mostly gone unanswered. Messages left, no response. Lack of discharge policy and follow up has meant he is often been readmitted. His concerns of his medication and side effects he was having was 'to bad, take it or we will give you something you won't like' which I found appalling! Annual reviews of medication should be part of caring for people with mental illness. Recently he has some physical problems and it took months before his GP took him seriously to order a gastroscopy and a colonoscopy. It is time, in fact overdue that there is a more holistic approach when treating people with a mental illness. Equality in the health system is long overdue! At present he is living in a men's boarding house in the [REDACTED] area, it is very depressing for him as he has just a bedroom and shares the use of kitchen, bathroom, laundry with 25 other men, the police are often there as many of the other residents have recently been released from prison. People on a disability pension often find it impossible to rent decent accommodation adding to their mental health illness through depression and anxiety. I believe there are many people in Victoria jails with mental illness and understand they do not receive adequate mental health care, many have been homeless which has lead to illegal activity and have ended up in jail."