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

Submission. 0002.0027.0028

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

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?
"It's essential that the government move away from 'depression and anxiety' as being the basis for every service, every frame of reference that informs funding. This approach to mental illness is harmful in who it excludes, it's hopelessly basic and naive, way too late in the game and it excludes what is known about mental illness, which is that depression and anxiety are not just conditions in their own right, they are also (and often) symptoms. There are a number of issues to be addressed here: 1. The Better Access Scheme is vital but it's under-funding over recent years has made it laughable inadequate. Not just for people who have complex mental health needs, but even for the 'depression and anxiety' user who needs limited help. The max is 10 subsidised sessions and that's not even enough for one visit a month per year. 2. When you get into people with complex and chronic mental health conditions, the Better Acccess Scheme is ludicrously inadequate. For people on low incomes who for whatever reason are not in hospital, it is the ONLY option for access to appropriate care. A reversion back to the old number of visits (I think it was 12 with a max of 18 a year) would not be adequate either, but it would be a lot better. 3. There are other item numbers to receive medicare assistance for help from psychologists or psychiatrists. However, you have to find a practitioner who will do them, which means breaking off from your usual practitioner. This is a huge source of frustration and can cause hopelessness because it means in order to get care you need to ignore what is known to be the most important part of the therapeutic relationship - the relationship between the patient and the practitioner. Trust. So because we're poor, because the most basic funding (really meant for 'depression and anxiety') keeps being reduced, people with complex mental health are supposed to go to a random practitioner to get care, completely ignoring the relationship we have built up with our psychologist or psychiatrist. We're supposed to see a stranger and we're not allowed to continue seeing our preferred practitioner who may also be a specialist (such as a trauma specialist) that we can't access elsewhere because of cost. The system needs to change to allow us to be supported through Medicare to see the practitioners that make sense to us. 4. It's time to move on from the 'depression and anxiety' model. It doesn't encapsulate every symptom experience (like when we're reporting our symptoms to get access to the Better Health scheme,we score low on questions like 'how often have you felt so nervous you couldn't settle', but our actual symptoms are not included at all). Systems designed to address depression and anxiety cannot adequately address the needs of people with enduring, complex mental illness. The depression and anxiety model is hopelessly inadequate to address these. "

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

"It's very important to recognise some of the nuances of feeling suicidal. Feeling suicidal is not necessarily linked to being depressed or experiencing depression. The singular focus on depression and suicide as a pair drastically ignores vast swathes of experience. Not all people who are suicidal are experiencing unrecognised or untreated depression and not everyone who is clinically depressed experiences feelings of suicidality. Furthermore, feeling suicidal, feeling that you wish you were never born or that you weren't here anymore, can be an entirely different experience than being actively suicidal. Feeling so desperately hopeless and unhappy in life that you wish you weren't alive is a particular experience, with a particular risk, that needs addressing in its own right. And again, these feelings can happen outside or inside the prism of 'depression'. In addition, for people who feel suicidal as above, recognising or treating depression may not make any difference, especially if the depression is a reaction to the state of the person's enduring unhappiness in life. People who feel suicidal need space and language to talk about these experiences as part of the conversation about suicide, without alarm bells drowning them out. On a different note, please reconsider the alarmingly shallow 'R U OK' Day approach. It seems to me that the 'R U OK' system is mostly about making the asker feel better. They feel warm and fuzzy because they've asked someone if they're ok and once they get their answer, they either walk away or have to rely on woefully naive and incomplete tools to help the person who says 'no'. But worse than that, what this question might do is open up a dangerous wound for the person being asked. They might not be ok and they might have been surviving that day but now, they have to not only manage their response but take care of the person asking if their answer is 'No, I'm not ok'. And now that that's all opened up, the asker walks away, with perhaps their best advice having been 'talk to someone'. Many of us have been talking to people for decades. I ask you - who is the question 'R U OK?' really for? "

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 need to be better linked and more holistic. I had to fight to get a psychiatric assessment relevant to a physical condition and I could not get any care to address the complex psychological aspects of my physical illness.

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

"Poverty - in my opinion this is the number one barrier for people to access appropriate help. The govt funded options still leave gaps in amount of visits or financial gaps that are unable to be overcome by people in poverty. Paying anything is impossible in most cases. The roots of this poverty should of course be addressed as a matter of urgency over time, but in the immediate sense, the govt needs to understand that the help they are offering is adequate. Inadequate in their understanding of our experiences, the nature of therapy, of our financial realities, of the gaps in their service provision and support. They need to understand better and make changes based on a thorough inquiry into the situation. The NDIS also needs to be investigated to see how it can provide psychological or psychiatric services to people on the NDIS. You can sometimes get some help but it's not clear why or why not. Some services are only available through something like the NDIS and would not be available to the NDIS user any other way. One example is certain diagnoses or investigations such as neuropsychological testing (only available before you apply) or autism diagnoses. Both these can cost $1000 upwards. Also specialist practitioners in areas such as eating disorders or services pertaining to adult women in areas where the predominance

of practitioners focus on males or children (such as ADD, autism)"

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

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"I'm always puzzled why the training for peer support is made so financially inaccessible to the very group of people who are likely to make good peer support workers. These organisations know we have no money right? When preliminary peer support training is offered through organisations like Neami or Mind, even if it's affordable, it's then only available to people who are in the industry or are training to be. That training is psychosocially and financially unavailable to me. And I'd make a great peer support worker if I had the right support to study then become a member of the work force. Financial, interpersonal, systemic, practical and psychological support is necessary to help the people most likely to become peer support workers become peer support workers."

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'm always puzzled why neighbourhood houses are always suggested to people who are poor and socially isolated, but when you look at the courses, they are hundreds of dollars. I don't understand who these courses are for or why someone in my situation keeps being directed there. I know things cost what they cost, but sometimes I feel like shouting 'You know we're poor, right?!' For people who are compromised by mental illness, dealing with Centrelink to report income when working can add inordinate stress. Loneliness is a pervasive problem for everyone, with people living with mental illness being at particular risk and impact. This is a huge area that needs addressing. I don't have any answers on that one. It's a complex and devastating problem that makes mental illness worse. And it's not only one aspect of 'social participation'. It's not enough just to provide activities or to plonk someone in a group doing something. "

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?
"1. Really understanding the needs of people using medicare rebated mental health services such as the Better Health Access Scheme and acting on the recommendations accordingly 2. Understanding the disproportionate risks for rape and other forms of violence experienced by women in mental health settings, particularly hospital or other residential settings. No woman should have to consider whether getting the inpatient care they need will result in them getting raped. And she shouldn't have to accept that risk. 3. The 'Depression and Anxiety' focus of everything. I know the government has to take the approach that will be help the most amount of people. But I think it's time to take an approach that reflects a more sophisticated and contemporary understanding of the complexities of mental health and of addressing the roots of problems, not just the symptoms. The symptoms of course need to be addressed, but there are a vast many symptoms that are not adequately captured by 'depression and anxiety'. I would like to see research on what is the area that most needs addressing. I think it should be trauma. 4. The impacts of trauma and loneliness on mental health need to be investigated and the

recommendations developed into a new approach"

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"The NDIS needs to stabilise and respond to users of the system as to how it can be improved. I think there should be stronger links between the NDIS and the general Victorian mental health system. However, they should run autonomously from each other also. Before any changes are made to Victoria's mental health system, a thorough and genuine effort needs to be made to really understand the experiences of the poor (low income) people using it. Don't give us what the government thinks we need, actually hear us and give us what we are saying we need. The Victorian government needs to work with the federal government to make a proper effort at providing a MyHealth Record System that shows respect for the privacy, safety and dignity of the user. We all have the right to have access to good records but it needs to be done right, especially when you are talking about sensitive areas such as mental health and the intersection of this with other areas of safety and human rights such as sex, gender, sexuality, race, disability. "

Is there anything else you would like to share with the Royal Commission?
I found this opportunity to share my views by accident after I saw an article on ABC News. I only had a few days left to respond. I think something like this should have been better advertised so that more people have an opportunity to respond. I recognise however that I might have just missed any attempts to alert me.