

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

Organisation Name

N/A

Name

Mrs Christine Rose

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

Transparency

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?

"Hospital in the home is working well with post admission care, until client is well enough for handover to Case management. In some certain catchments such as Casey/Pakenham is not working due to excessive personnel leaving the service regularly. Case-managed client not been followed up, no home visit. Carer and or family not been included in client care when it is clearly required there is no inclusion at all. Telling clients that the medication only is 50% of the treatment, the other 50% is wholly and solely up to the client. No follow-up with that, no other treatment provided. Up to the client, carer and family to make contact with the MH Team if there is an issue. In one of the instances that occurred I a parent had to ring and request that they make contact with a said client as he is not traveling too well and needs follow up. I had to beg then to make contact, which they reluctantly agreed. "

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

"The only service that is working well is, Hospital in the home for mental health treatment post hospitalization. Mental Health Triage Reception staff screening calls and also provided a real person voice on the end of the phone not a recorded message, was working well but then that role was made redundant, now calls are been answered by a recorded message 100%. Bring this role back to all catchment areas, will prevent suicide most certainly. I have seen this 1st hand many times. "

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.

"Advertising. Inclusion of client, carer and or family being part of the clients treatment. Case management services(Community Mental Health) and Mental health Triage, need to be treating client together be on the same side, same page. Mental Health Triage is the start of the process 1st call most of the time help, listen and guide client then it goes to the CMHS who say something completely different."

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

"The mental health outcomes are that the Mental Health worker is not listening. Mental Health teams need to have more contacts with clients and stop clients falling through the crack and losing just another client to suicide. The damage of this in the community directly or indirectly is

massive. Staff are becoming complacent working in the same role for far too long, they are finished with caring. Staff well-being is paramount, increase funding, hire more staff, have less patient to staff ratio. Not enough Psychiatrist in the Public health system is a must to prevent suicide."

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

"Include family members and carers in clients care. Education in mental health treatment while client being hospitalized for family members and carers. Provide services to family/carers to assist with the long term care that is required, once diagnosis is made education is the key to understanding the diagnosis, what to expect and how to manage. "

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

more funding for a bigger Mental Health workforce. More staff to patient and smaller ratio. the more staff employed will allow for staff not having to work doubles shift on a daily/evening basis.

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?

"As far as I am aware there is no opportunities in the public system. The clients are left to their own devices, not heard and have no say, nor does the family or carers. They are all left out in the cold to defend for themselves. Hence client will always return to the Mental Health system. So therefore if there is no opportunities, so there is nothing being done to realise because there is none. So Education is needed and to do that you need a bigger and better workforce"

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?

Smaller patient to staff ratio Increase funding Family and carers education and have inclusion in the clients care

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

"Immediate funding Advertising Education Inclusion Maintain a higher workforce. Staff and management working together in all areas in Mental Health areas, all to be on the same page not against each other all workforce wanting and working towards the same out come."

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

"A family member was diagnosed with a mental illness in his last 30's in the last 10 months. the family were never give advise, guidance nor education in the disorder, what to expect and how to manage. Having work in the Mental Health area and also knowing someone who has been linked as a previous client for many years, I had some idea but what about the carer, family etc who has never had experience with Mental Health. I struggled so how does a family etc cope when they have never encountered Mental Health illnesses. "