

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

SUB. 0002.0013.0013

Name

[REDACTED]

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

"Mental illness for many people is a chronic condition that requires ongoing management over numerous years (sometimes a lifetime). There is often a misconception that mental illness is temporary; that there is a clear start and end to the condition. Personally I find it frustrating when people hold the view that mental illness is something that is always possible to get over (to defeat). The corny sayings of "it will be okay", "tomorrow is another day", or "things could be worse" make me want to scream. I suppose in an attempt to answer the question it would have to be to develop better public education programs that cover various aspects of mental illness. Puka Up (established by Wayne Schwass) is an example of an organisation that aims to make 'genuine conversations around mental health a part of everyday life, to eliminate suicide' ([www.pukaup.com](http://www.pukaup.com)). There needs to be more organisations like this, and there needs to be more government funding for organisations like this. These kinds of organisations know how to connect with all types of members of the community. What would help reduce the stigma surrounding mental illness is if the Victorian community had a clearer idea of actually how prevalent mental illness is. I'm not suggesting publicise suicide rates, but to have a better understanding of how serious things are. There are so many different levels of mental illness that nearly every member of the community would know someone who has been (or is being) treated for some form of condition. Mental illness is not acceptable BUT it is unfortunately highly common; so people with mental illness should be welcomed members of 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?**

A promising sign is that some people are feeling more comfortable having conversations about mental illness. They are maybe sharing personal experiences or sharing the experiences of people that they know. The dialogue is one important way of encouraging people to seek early treatment and support. This dialogue was not evident 5-10 years ago.

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

"There needs to be more organisations like Puka Up. Organisations need to be accessible to people who might have a problem accepting that they have a mental illness. It is essential that there is government funding available for these sorts of organisations. Having mentors/support workers to reach out to when someone with mental illness is at a low point would be good. At the moment when I am experiencing suicidal ideation I rely on contact with the health professionals (DR, psychologist, psychiatrist) that I see; but also some close friends. I stress that relying on close friends to help me through these sorts of situations puts too much pressure on friendships. I get worried that I will lose these friends because they will not cope being friends with someone who thinks about suicide. I don't know why but I have never felt comfortable using services such as: Lifeline, Beyond Blue or Black Dog. Maybe it is the thought of talking to a stranger that puts me

off. Personally I feel safer talking with someone I have had a chance to build rapport and trust with."

**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.**

"I am someone who has experienced a marriage breakdown with a partner who is an alcoholic with anger management issues, and someone who would occasionally self harm. My partner as far as I am aware was never treated for any mental health issues while we were together. I did not know how to effectively handle my partner's mental health issues and alcohol addiction. I was not confident in confronting him about seeking help. Watching (and to a certain degree unknowingly enabling) over a number of years someone you love destroy themselves, also did an incredible amount of damage to my mental health. I did not know who to turn to. I think that there is a tendency to underestimate the effects of the culmination of serious/negative life events. This is particularly the case if these events are not effectively/appropriately dealt with. If people do not deal with serious/negative life events effectively/appropriately then it would be extremely challenging to experience good mental health. Unpacking (talking about) life events needs to be encouraged and normalised. I am being treated for a chronic mental health condition. I am under the care of a DR, psychologist, and psychiatrist. I also see neurologists regularly as part of care and treatment of my temporal lobe epilepsy. I suffer from extreme stress and anxiety, and at times my depression has led to thoughts of suicidal ideation. I have been on a regime of anti-depression medication for many years; which has had a slight positive influence on my condition. What makes all of this mental health care treatment hard for me access is the cost of the services. I have recently finished my Master of Arts and now find myself unemployed on Newstart benefits. I can access a mental health care plan but I am still required to find money to pay up front for the consultation fees for psychologist and psychiatrist appointments. After I have paid the full consultation fee I then get paid back the Medicare rebate. Psychologist - Cost \$160 Rebate \$84.80 Psychiatrist - Cost \$185 Rebate \$114.85 DR - My DR is at a medical clinic that does not bulk bill but my DR chooses to bulk bill my consultations. When my mental health has deteriorated I have been required to attend sessions with my psychologist on a weekly to fortnightly basis. My DR involves himself as much as is appropriate in my mental health care. The psychiatrist that treats me works at the same practice as the psychologist that I see. I am not required to see the psychiatrist as frequently as the psychologist. They have my full authority to discuss my condition whenever they have an opportunity to do so. The Newstart allowance does not adequately cover payments of all of someone's mental health care. I have been allocated a Pensioner Concession Card which provides discounts on medications for my mental health care and epilepsy. I have been seeing the same DR, psychologist, psychiatrist and neurologist for a number of years and I do not want to change who I see. I feel pressured by some organisations linked to Centrelink to change who I see for treatment to try and make it cheaper. The thought of changing who I see as part of my mental health care treatment makes me feel physically sick. I have built rapport and trust with my psychologist and psychiatrist. I should have the right to continue seeing them for treatment without drowning financially. Unfortunately I have at times had to cancel essential mental health care appointments simply because my Newstart allowance was unable to cover the care that I needed. I'm struggling to strengthen my mental health to a level where I can confidently search for employment. It seems that I cannot afford the mental health care that I need for my mental health condition and temporal lobe epilepsy. I am not considered eligible for any disability

support services or funding. I am in a negative cycle that I feel that I cannot get out of."

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

"One of the main issues behind some communities in Victoria experiencing poorer mental health outcomes is general disengagement in society. There are so many individuals that maintain negative and defensive attitudes. Many people are anti-establishment (police, government, DRs, education etc). I have a male friend who is currently experiencing periods of severe depression. They have articulated that they have thought about ending their lives; that they see no point to living anymore. I have been trying to encourage them to go and see a DR to talk about their problems. This friend is against DRs and anti-depression medication. What I have been able to gather is that they have not had any continuity with the DR that they have seen. Seeing a different DR all the time has left them feeling like they cannot trust who they have their appointments with. With regards to the anti-depression medication they felt like they were a failure because they were taking it. They did not like the idea of taking medication to deal with how they were feeling so they abruptly stopped taking it. I do not think that they were ever referred to a psychologist or attended any sessions with a psychologist. What this friend says is that you cannot trust DRs and that anti-depression medication did not work for him. For this particular friend he is resisting going back to see another DR because he is convinced they will try and force him to take more anti-depression medication. I have been trying to convince him to just go and talk to someone; that talking to a DR does not mean that he will have to start taking medication. This is where organisations like Puka Up could play a really useful part in Mens Health. Puka Up could also help in communities where people demonstrated levels of disengagement with establishment. "

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

"My marriage exploded because I did not know how to support my husband who was an alcoholic with anger management issues, and who would occasionally self-harm. I stayed with him for as long as I could thinking that I was doing the right thing by just keeping an eye on him and not leaving him by himself. I had no idea what I could and/or should have been doing to support him. I never had the courage to confront him directly about his mental health and alcohol issues. I did not realise that for many years that I was indirectly enabling him to pretend that he was living a ""normal"" life. I will NEVER forget the image of my highly intoxicated and angry husband in the kitchen holding a carving knife in the air. He had made several cuts to one of his forearms, and there was blood everywhere. I was begging him to put the knife down. That night ended with me calling an ambulance, the police turning up, and me leaving the house in the middle of the night with the two dogs. I had no idea where I was going to go when I drove off in the car. I was just advised to get out of the house and make myself safe."

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

The obvious answer is MORE government funding. There needs to be MORE financial support for organisations like Puka Up. There is vitally important positive energy surrounding organisations like Puka Up. Review university and TAFE courses for Mental Health Care professionals.

**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?**

The mental health care that I access is essential to me functioning and maintaining as relatively normal life as possible. The problem I have is that I simply cannot afford all the mental health care that I need. I want to be a social and economic member of the community but I face a lot of obstacles. I am currently going through the process of searching for work. I need to feel as mentally strong as I possibly can to do this. Not being able to access all of the mental health care that I need to access is working against my efforts to find employment. I have had at times to cancel appointments with my psychologist and psychiatrist because I could not afford the upfront consultation fees. Cancelling scheduled mental health care appointments interrupts my ongoing care and risks progress that I may have been making.

**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?**

"A major issue is the cost of consultations with psychologists and psychiatrists. The upfront costs are incredibly high, and for anyone on a tight budget they are almost unaffordable. This is especially the case when someone is experiencing severe depression and requires an appointment once a week. The Medicare rebates and the Mental Health Care Plans are great, but they do not take away the issue of having to pay the initial upfront costs. It is not acceptable that someone has to choose between paying rent or seeing their psychologist. With Mental Health Care Plans it is only possible to get 10 sessions with a psychologist every 12 months at a rebated rate. For someone with a chronic mental health condition 10 sessions every 12 months is not enough access to mental health care. "

**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?**

Listen to as many people as possible with mental health conditions; our stories are important.