

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

Organisation Name

N/A

Name

Miss Ashlee Warren

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?

Ten free sessions with a psychologist a year as per mental health care plan is not enough for me. Low income earners and people with disabilities should be given the opportunity to attain more free sessions based on a GP's assessment of their individual needs. Allowing those in need to continue to access their therapy after they reach the ten session limit could potentially lower the risk of suicide or other harmful desperate acts as a result of being cut off.

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

"As mentioned above, number of free sessions should not be limited to ten. The number of sessions should be based on an individual's needs as assessed by their GP. Sending robo debt threats to those on centrelink should be stopped in order to prevent suicide. A more accessible and user friendly centrelink would also reduce suicide, for example if I make an error in reporting my earning I should be able to correct the error using the app, but this is not an option. I also had my centrelink money reduced but was not given a letter explaining why. Making changes to your situation should also be done through the app so we can tell you instantly and easily. Extreme wait time on centrelink calls demonstrates the lack of care to clients. Fixing these issues will prevent those who are worst off from being even worse off, to the point of potential suicide. "

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 personally believe cost of living, especially utilities and rent, are so disproportionate to income for many people, especially low income earners, that this is a serious source of poor mental health outcomes. It is especially difficult for those who are disabled by their mental health conditions, limiting how much they can work, what they are capable of managing, etc. I believe more should be done to increase public awareness of mental health services being accessible at no cost through a mental health care plan, as many perceive it as being unaffordable. I also believe there should be more interaction between GP and psychologist in order to help people like me who have mental health problems that intersect with physical health problems, and health complications as a result of my psychological disorder."

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

"Isolation and poverty of rural towns, lack of access to health assistance and lack of job

opportunity. Normalisation of binge drinking culture. Fear of naming abusers and fear of not being believed prevents many people from seeking help as abuse survivors. Victims can feel that they were somehow guilty or are ashamed, they need to feel that they will be socially accepted and not doubted or judged. Perhaps teachers need to be trained, and assisted by third party health care workers, to detect signs of mental health issues and/or signs of abuse and neglect in school students of all ages. Students should be educated on recognising negative mental health symptoms so that they can assess their own mental state. Students should also be trained to identify what is and is not appropriate behaviour so that they can identify abusive behaviour. Students should be educated on the support they have access to and told specifically how to access it. They should understand they have a degree of confidentiality when speaking with a counsellor or they will be less likely to seek help. "

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

Family members and carers of those with mental health problems should also be encouraged to seek support from health care providers. Financial aid also if necessary. Family members and carers should be given easy access to free information and training on how to support those with mental health problems.

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

"A lot of stress leave (perhaps like paramedics), free counselling to deal with trauma from the job. "

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?

"Government could implement programs or give grants that integrate aged care residents (many are suffering from poor mental health) into the community - socialising community members with aged care residents through educational workshops or creative group projects. Free after school activities for school students (this may already be getting implemented), and food/clothing for students who may not be receiving proper care from home. Free or cheap art therapy programs for all ages. More homeless shelters and healthcare access for homeless individuals. Those with debilitating mental illness may benefit from work integration that is inclusive - jobs and workplaces that are sensitive to individuals' needs truly and not just in writing. A workplace that is willing to work around your disabilities and help you build confidence. "

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?

"If possible, look at the demographics of people who are currently accessing mental health services. Compare this with demographics that show where mental illness is most prevalent (by age, gender, ethnicity, suburb, income, education, etc). Identify if there are particular minorities who are disproportionately not accessing mental health services. Consider prevalence of abuse in homes, workplaces, schools and other institutions and what could be implemented to reduce the opportunity for abuse to occur. Consider the social attitude towards victims who speak out, and the repercussions for abusers. Consider training for educators in identifying mental illness in students. Educate children on how to identify mental illness symptoms and abusive behaviour. Explicitly

outline how students can access health services and the degree to which they may have confidentiality. Make centrelink more user friendly and accessible to prevent those with mental illness from committing suicide or acting harmfully. Allow the amount of free therapy sessions to be determined by a gp with a minimum of 5, the possibility of 10 (as it currently is), and on top of that potentially unlimited extensions on the number of therapy sessions an individual may have based on their individual needs. This could save lives. Please look into the effectiveness of emergency assistance to those who are suicidal. My friends have been turned away from hospitals presenting as suicidal and feeling desperately out of control', then booted out with some diazepam. These people are also self medicating, so giving them diazepam and getting rid of them is counterintuitive."

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

Please make any changes easy to transition to and dont take anything away that is already working.

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

Thanks