

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

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## Name

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

"Mental health and wellness strategies, needs to be taught in school on a weekly basis from kindergarten or prep, this should include such things as emotion identification. The word suicide needs to be used similar to that of cancer, when celebrities either attempt or commit suicide it should be reported as such, dying suddenly or fall alludes to such tragedies, but from my education, talking about suicide does not encourage it. If we can remove some of the shock value out of the word, then maybe people can talk more openly about it. It's a bit like talking about sex 40 years ago it was a taboo subject nowadays it's talked about in schools and in the media frequently. I also believe that mental health and illness needs to be a compulsory unit in all university level medical / allied health and alternative therapy such as chiropractor and teaches, from experience such professionals can be cause significant damage when stigma and discrimination come from those who are meant trained to help. Likewise all hair dressers, massage and personal care, teachers aids, football trainers and sporting coaches should be required to complete mental health first aid training, these are the people often informally share personal information with. In fact any worker that is required to undertake medical first aid training should also have to undertake an accredited mental health first aid course, this allows such conditions to be seen like any other illness. The government also needs to spend a greater portion of its advertising budget on mental health advertising, possibly so could be removed from road safety budget as it is my understanding that a suicide that occurs in a moving car is counted in the road toll, maybe a suicide toll would also bring an awareness to the enormity of this problem. Gentle scripting of characters in tv shows such as Home and Away would also help to normalise such conditions such as depression and anxiety. "

### **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?**

"Dedicated phone lines for different sectors of the community that are well staffed (so people in critical situations are not waiting on hold for half an hour) are vital, however the staff on such lines need to be adequately trained. The 10 psychologist sessions funded under the mental health plan are fine for early treatment, however this needs to be extended for more complex conditions. From an early age we also need to encourage community involvement and people to care about each other, humans are communal beings and living in isolation, without family support, and in many cases community supports create huge emotional issues. Formal engagement of older Victorians to assist in schools with extra reading, and skills development, many retired people have vital life skills and time, some are also very lonely and engagement with young people may make all the difference in a young person's life who maybe struggling with learning in a classroom or may even have limited positive influences at home and it also encourages the older person with a sense of worth and connection. If someone has the time to engage with a young person at an early age (primary school), where mutual respect can be

developed, supports and encourages with their educational needs, or have someone with life experience they can talk to, or share life skills. Then it is my belief that by the time they are teens, school maybe less of a struggle, they will have developed skills to communicate in a non formal manner face to face with other members of the community and hopefully reduce isolation for both. This would remove such pressure on our teacher, give kids that don't get regular support at home educationally or emotionally. An incentive of supermarket vouchers for those engaging with such a program, would be financially cheaper than the cost of interventions once disengagement has occurred and the poor social skills have developed. Contention is vital to preventing and treating mental illness, for every one so why can't one group of people help another. "

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

"Talk about suicide, don't make it taboo!!! Train people to be able to have difficult conversations and not to react badly. There is nothing worse than getting the courage to tell someone that you are having such thoughts, and experiencing further distress to an inappropriate response. When or each time this occurs the likelihood of a person disclosing such thoughts again is greatly reduced. We must provide more funded psychologist sessions a year for those diagnosed with mental health conditions (only 10 a year is in no way appropriate, this is not even 1 a month) for some on experiencing significant mental illness, in which employment may be reduced or non maintainable. Provide supports to families where mental illness exists, kids with parents with a mental illness are significantly more likely to develop one themselves. Early education and support in schools is a must as prevention is the only way to reduce. The normalisation of expecting or seeking help through reducing stigma in our adult population is a must."

### **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.**

"Lack of community connection, stigma, including amongst health care professionals. Inadequate funded access to psychologists. Provide weekly access to psychological services for first year post diagnosis then tapered off after this, this would be less than \$10,000 compared to one 4 week inpatient stay costing in excess of \$20,000. This would then also have the potential to reduce private health insurance premiums. Currently the private sector and the public in my experience do not work well together. Public psychiatric health sector is extremely scary experience, and is often threatened by staff in private hospitals if strict compliance is not followed. My first private hospital admission cost \$10,000 out of pocket until the 2 month waiting period on coverage was updated to top level of cover, financial we have never recovered from this. It is close to impossible to maintain private health insurance on a disability support pension. Once the 10 mental health care plan sessions are used, (and you are not 'Fixed' and public mental health wards are too scary and have the potential cause further trauma and you can't afford private insurance, what options do you have left? Regular, support and early treatment can reduce length and severity of severe illness. Without appropriate treatment, further complications such as drug and alcohol abuse and homelessness or suicide occur. NDIS is a total joke, and only causes more stress and provides less service than were available before its implementation."

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

"Poor or lack adequate services in some locations - provide government funded services and prevention strategies throughout the state. Ensure services provided come from different backgrounds

grounds eg. A 70 year old male farmer, may relate better to mature age mental health worker, who visit him on his property than a 20 city girl, who he has to travel to the nearest major town to see. Low socioeconomic communities - adequately funded services that are accessible to all. For those who require hospitalisation, or rehab services these are generally significant distance from family this, can cause further stress on families at an already difficult time. Access to the same treatment professionals over multiple visits or admission in rural areas or when accessing public health services really occurs. This means patients regularly have to go through their story repeatedly, different doctors have differing views on treatment and medications prescribed causing contradictions and confusion. In my opinion continuity in mental health care is essential."

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

"I feel the toll of supporting a family member is huge, especially when it a parent that is unwell, or the person is seriously unwell or unwell for prolonged periods of time. Trying to work, (particularly if I it a one income family, due to the illness) manage the needs of children and maintain household chores (such as shopping, cooking and cleaning) monitoring the unwell persons behaviour to ensure they are not deteriorating or escalating. This can be the equivalent of 3 full time jobs!! Often in such situations the children also take on many of these roles. Although a carers allowance may be granted by Centrelink, this often is spent on medical appointments, often expensive medications, travel to appointments or visiting while in hospital. The emotional toll and stress of this situation on carers can lead to there own mental health issues, the statistics of children with a parent with a mental health condition developing one them selves is huge. Support must be give or available both financial and emotional and in some case practically, before marriage breakdown, family violence, homeless, drug and alcohol abuse develop or occur. Where a suicide has occurred, these pressures don't die with the person who has, I have known this to have a ripple effect where are parent has died then a child or a mate. Once again 10 sessions with a psychologist a year often just doesn't cut it. "

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

"Staff ratios need to be dramatically reduced in the private hospital sector these can be as high as 1 to 7 patients. If there is an incident on the ward that requires more than one staff member, which they often do then there is inadequate time to see their other patients. The issue of violence in our hospital is well documented, and I am unsure how this can be easily eradicated, the best option I can think of is to support, and develop meaningful connection with our children this may need to happen at a young age with positive role models at in schools, not only by teachers but elderly ( adopt a grandchild type arrangement). Better training and and maybe mental health specific nursing degrees ( that are high discounted) and better pay for our more experienced works, a good worker can make all the difference in someone life. They to need emotional support, before they to become unwell. Prevention of so many people become critically unwell would also ease the burden on workers, once again this will take a preventive approach from a young age. We need to teach people to care about people, this is something that has been lost and this is something that can only happen in childhood. "

### **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?**

"Until the problem of stigma is addressed this is going to be very difficult. Mental health friendly workplace need to be encouraged, where flexible work hours can be arranged. There needs to be tougher penalties for work place bullying. I believe, isolation is a leading cause of many mental illnesses, humans are communal beings, yet we have Mums raising children alone, we have farming families miles from anyone else, we have elderly that don't have family or that sit alone for hours a each day and we have people that live in multi storey buildings that don't know a single other person in that building, a majority of us don't even know our neighbours. Most people can't do life alone, we need to teach people to care and encourage people to engage with one another, helping people is knowing to have benefits for both parties. Supportive environments where people can reengage with people, is vital."

### **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?**

"More funded psychology sessions are a must. 10 a year just doesn't cut it! 1 a week for up to a year post diagnosis then tapered after that would be my recommendation. My first in patient stay cost \$10,000 out of pocket, financially we have never recovered from this. Private health insurance is close to impossible on a disability support pension, let alone new start. The public psychiatric ward are scary if not terrifying place, which can further traumatise people. If I could access 1 psychologist appointment a week this would cost under \$10,000 a yeah, where as 1, 4 week private in patients admission cost in excess of \$20,000, which can only increase insurance premiums. Why would you not try and keep people out of hospital? Better integration between public and the private sector. "

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

Support those who are already unwell and their families. While efforts are put in place to prevent people becoming unwell in the first place.

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

"The NDIS causes more stress than it has benefits, I have less support now than prior. - one government department believes that support is the responsibility of another department this has to stop. - submissions to this Royal Commission will only come from those able to submit, eliminating those who are unaware that it is being conducted, probably those who are illiterate, those institutionalised (prison or hospital) the homeless, or those so unwell that they don't have a voice, and possibly farming people and maybe young adults. It could be questioned if these are not the people most effected by the outcome. "