

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

## Organisation Name

N/A

## Name

Mrs Bettina Revens

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

"More community advocates, more positive media attention. More open discussion. Mentoring programs for later primary and secondary schools. Normalize mental illness. Talk about it. Do discuss mental illness. Acknowledge that it is a strength to be vulnerable and at times, life is not easy. That life is not represented ""by a vision of a white picket fence and hearts and roses"". This does not mean support them by telling them ""to suck it up"" or ""put your big girl pants on"" not by any means. Show compassion. Change the language that is used on a day to day basis. Don't hold someone up to ridicule because they are different. Have Forums, information evenings, fund and train local communities to have mental health advocates and train people with mental illness to learn the skills of self-advocacy. To be their own voice. But, really listen to what they say. Especially, in the earlier stages, when they are crying out for help. They know what they need. Make mental illness a priority and not just a once a year event. Make it happen every day. Not by shoving it down people's throats but just build up the awareness. Not just high profile identities but everyday Victorians. Let them tell their stories. By acknowledging mental illness as being a 'normal' occurrence just like a chronic illness, can be empowering. It can happen to anyone. The way they are treated in the first instance will be imprinted on their mind. Whether good or bad. We are all vulnerable. People are acknowledging mental illness and beginning to discuss it more openly than the old whispered voices regarding 'the sickness'. People now tend to acknowledge that they know someone or have experienced mental illness. It is not a disease. Old cultural values and beliefs need to be examined also. Due to our cultural diversity, it is important to also unpack the differences amongst different cultural groups. what does this all mean for us all? How does this all impact us? How have their journeys and experiences impacted them and their mental health? What about all their lost dreams? People with mental illness no matter how or why it happened also have lost many of their original dreams and connections. We cannot assume that each individual's beliefs represent what is truth or the solution. We need to work together."

### **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?**

"To make it financially accessible. People with mental health issues do not all 'fit' into a one size fits all model. 10 sessions with a mental Health Plan can only touch the iceberg in some cases. If they are deemed not serious enough by a GP they have to go private. It costs a fortune to see a psychologist and eventually financial constraints ensure that the vulnerable or those deemed not serious enough to opt out of psychological help. People need to be able to access not only psychologists but counselors on Medicare. These can be of considerable less cost and can free up psychologists to concentrate upon more complex cases and assessments. Which would also potentially decrease waiting times and financially would be far more beneficial for Medicare. A proactive rather than reactive approach is required. Educate early in schools that mental health is important. Make the media more accountable for the way in which they represent people. Not

everyone with a mental health disability is a "raving lunatic" Media needs to be mindful of how they report. Admittedly, there have been tragic situations but in many cases, these people have been let down by a system that can no longer cope. The structures were never put into place adequately or appropriately to meet the needs when de-institutionalization occurred. The number of homeless people who have mental health difficulties/dual diagnosis is widely apparent when visiting the streets of Melbourne. "

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

"Suicide is still considered a taboo subject. I believe more training to identify vulnerable groups of the population. People in roles that place them in contact with 'at risk' groups should be trained to recognize the warning signs. An area that I think is difficult is for families (parents) who have an adult child (over 18) with mental illness who are at risk. Their refusal to speak to a parent who is concerned about suicide risk or threats of suicide fall on deaf ears. Shouldn't a parent's concerns be acknowledged and taken seriously? Doesn't this constitute 'harm to self or others?'" Support the parents as well as the ill person! There needs to be a more 'holistic' approach. Again, finances are debilitating. They are vulnerable. Better continuity of care is required. "

### **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.**

Better continuity of care. I am unsure whether I believe that services are really linked with each other. This has not been my experience of the system.

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

"More money for mental health support. More accessible facilities. More actual knowledge of what is available for families and clients. Subsidized further training for professionals so that they have knowledge of the appropriate way to support clients. Early intervention strategies. Ability to identify 'at risk' clients and where would be the appropriate place to refer to. A more structured hierarchy of needs/supports for specific groups - child to old age transitions in mental health. The need for squeaker wheels in the western suburbs. Mental illness, dual diagnosis, under-funded, under-supported, under-acknowledged, disenfranchised, drugs, alcohol, gambling, refugee trauma, domestic violence, child abuse, sexual abuse, youth suicide, murder, gang violence, home invasions, unemployed, homelessness, divorced, single parent families. To name a few. "

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

"To listen. Don't dismiss. Acknowledge the important role that they perform. Realize that they help support the mental health system and the economic burden that would be placed back on the government if they walked away from their perceived responsibilities. If they do end up having to walk away don't judge them. They could just be plain and simply exhausted by the process. Do not make them feel like the enemy or negligent. Understand that, at times, they are feeling threatened and also fearful for the family member who is ill. They grieve for their family member and their lost opportunities. They can also be exhausted emotionally, physically and psychologically. They would give anything for their family member to be stable and also functioning like before. They do feel conflicted when they have to get assistance, for example, the

CATT team. For some, they can feel ashamed or may not understand what is happening to their family member. They may actually feel frustration and unsupported when they are trying to communicate their concerns and feel dismissed by 'the experts' even when a personal injury has occurred. Family members feel useless, this is something that they cannot control and they cannot fix this. They want to be supported and to have things explained to them and want to know what they can do to help/support. A more collaborative approach would be more helpful than creating guilt in family members. "

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

More funding. More staff. Workers with specialized training. Appropriate pay scale that acknowledges their skill base. An encouraging career path. Paid external supervision. EAP No unrealistic expectations or workloads. Internal or external PD days paid. To value the workforce and acknowledge strengths and to supply feedback rather than criticism. Peer support and a collaborative approach. To think outside the square.

### **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?**

"To have a peer support worker to encourage and support them to enter into their communities. To try and connect them with their local community houses. To find out from the client what their interests are or what they would like to attempt. Many community houses may have computer classes, cooking, painting, yoga, etc. Create more recovery outlets for clients to re-enter the community or to practice their personal self-care, travel training, basic cooking, computer skills, shopping, banking, post office, hobbies, etc. I personally also believe that it is imperative to encourage self-advocacy. It all breaks down to funding and the commitment to legitimately wanting to support individuals living with mental illness to be able to live back in the community with a supportive team to maintain a good balance for the client to thrive. "

### **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?**

I believe that there needs to be a rethink regarding how mental illness is represented not only in the media but also in businesses. I think that guidelines or specific information regarding the importance of good mental health and the importance of recognizing when mental health is in decline and what how the business is obligated to support good mental health and the benefits to the business and the worker. Just get it out in the open. Make it every bodies business. I also personally believe that many professionals who are qualified need to have training regarding the way that they approach not only the person that has a mental illness but also family members. A family does not need to have a lecture from a professional at a time like that and neither does the actual client. They call it -no bedside manner. It is an insult at a traumatic time. I would like to also see mental illness acknowledge as a top priority for medicare to make it easier for people to access greater than 10 sessions. People should not have to pay substantial amounts of out of pocket expenses or drain their private cover. I also feel that Counselors should be given a provider number so that they can pick up the slack and cut down waiting lists and costs. Counselors have substantial training and I believe should be the 1st port of call and can then be referred onto a psychologists.

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

"Listen to the voices. Read the data. Learn from past mistakes. Have faith in families, carers and those with mental illness. We all have our own pain and our own stories. "

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

"I am a [REDACTED] to a [REDACTED] who has had a mental illness as a [REDACTED]. I saw my [REDACTED] in a psychiatric hospital when I was 13. He was out at Royal Park, in a straight jacket, medicated and drooling and begging my [REDACTED] to take him home. I was terrified and also saddened. I maintained from that day that I would support people with mental illness. My [REDACTED] has almost died twice due to a diabetic coma, a consequence of uncontrolled diabetes. He also had to have a goiter removed due to an overdose of lithium carbonate. Also, due to the lack of monitoring of his lithium levels. He is [REDACTED] now. Now living in an aged facility with early onset dementia. He has diabetes and is losing his memory and he does not remember. He has two children and his wife died at 42 from breast cancer. He has been neglected by the system. It was only after he had a psychotic break that the system found out that he had no case manager, even though we told them he still needed a case manager. What did we know we didn't live with him!. My [REDACTED] had not been monitored for a very long period regarding his diabetes, any medical checkups, just had his webster pack dispensed or had any other supports once his community-based order ceased. Even though we thought this was permanent (we weren't told it had stopped) He was never supposed to manage his own medication because he does not take it. Soon after, he was taken away by the CATT team as he tried to attack his [REDACTED] claiming that he was going to kill him. The police were also involved and we were contacted to remove his [REDACTED] from the house. His [REDACTED] has Aspergers I have been receiving treatment for Chronic Post Traumatic Stress after the death of my father and being traumatized by earlier events in my life concerning my [REDACTED] I was re-traumatized by this legal team member by his inexperience and had a breakdown due to this. I have needed to spend a substantial amount of money having EMDR Psychological treatment. My two children both have mental illnesses. Both debilitating. My [REDACTED] had been diagnosed with Borderline Personality disorder at the age of [REDACTED] and developed drugs and alcohol dependence. He tried to take his life once at [REDACTED] and the second time when he was [REDACTED]. He is almost [REDACTED] now and is finally able to start functioning. Again, I have had to support him and his psychology/psychiatric appointments and unemployment. My [REDACTED] was diagnosed 18 months with bipolar disorder and tried to take her life in August 2018. Two experiences really made me wonder if things had really changed. Was the women ambulance driver that decided to give my [REDACTED] a lecture regarding her attempt and how selfish she was. No! my daughter was in emotional pain. She didn't need an ambo saying anything to her. The doctor was angry because my daughter vomited on him. But a beautiful nurse was so kind and thoughtful telling her how positive that she was still here. It was what she needed to here. It was one of those spontaneous things people do when they are at their wits end. But the effects can be pretty horrendous. After the trauma of this. Another difficult aspect for me was when I confided in a friend that this had happened. She stated, ""What kind of a mother are you?"" This really summed up to me how people see mental illness. They assume that it has something to do with a dysfunctional parent. Not always the case. Shame, shame, shame. This was "