

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?

"I am not persuaded any further work is required in this area, and I say this as a person with a PhD in the area of problem gambling stigma. There have been many large scale campaigns aimed at increasing understanding of mental illness and reducing stigma, and I believe these have been generally very effective. It is no longer considered acceptable in my workplace to criticise someone for taking a day off for mental health reasons, and in general I have found that most people are very supportive of people disclosing mental health issues in the workplace. Of course, this is not the case for the related issues of gambling, alcohol and drug problems, but I think these are a separate issue, as many academics view the stigma associated with these health problems as a deterrent and positive for public health. There is in general relatively too much money spent on encouraging people to seek treatment that is not available. I believe for most people who are currently not receiving treatment (or are receiving inadequate treatment), the issue is that they have been refused treatment, given inappropriate or harmful treatment, been asked to seek treatment in ways that are not possible for someone with their illness (for example, almost all treatment requires making phone calls to strangers- something I have significant anxiety about). Stigma is not as significant a barrier as these other concerns."

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?

"Very little about the state funded mental health service works well. Preventing mental illness from occurring requires change at a societal level. Prevention probably needs to focus on schools (perhaps even pre-schools) and teaching coping strategies and reducing anxiety. Teaching tolerance and understanding probably also helps. Workplaces also have a role to play in reducing stress and improving work-life balance. Workplaces that expect unpaid overtime - which surveys tell us is the norm - are probably not helping the burden of mental illness, and employers that don't give overtime or flex time to senior staff (██████████) are not helping. I think the Commonwealth's activities in this space are relatively effective for people who have mild depression and anxiety. Access to psychologist sessions and medication on the PBS can resolve most minor issues. However, for people who have more serious disorders (such as serious depression, bipolar disorder and schizophrenia) there is effectively no care available (ten sessions with a psychologist would be about a month of care for someone with serious depression). Another issue is getting people the right care. I was treated for two years for depression when I actually had bipolar disorder. I was never asked any screening questions for bipolar disorder during this time - and did attend an emergency department and speak to CATT, and to several GPs and a psychiatrist. For someone with bipolar disorder what is surprising about this story is how fast I got treatment - the average is said to be 8-10 years. Screening for serious mental disorder (such as bipolar or personality disorders) was woeful when I was first getting treatment

and I can only hope it has improved."

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

"I attended an emergency department on two occasions when acutely unwell. On both occasions I was sent home - once being told that it would be ""too disturbing"" for me to be admitted. There is effectively no inpatient care in the public system unless a person is a threat to others - being acutely suicidal is not enough to be given care. I have since received inpatient care in the private system and found it enormously helpful in my recovery. There is a place for inpatient admissions in mental health treatment and it should not be when a person starts hitting staff. In addition, I want to note that on both occasions when I went to the emergency department I was told I had borderline personality disorder. I do not have borderline personality disorder, and have not seriously had this suggested to be as a diagnosis at any other stage of my long engagement with the health system. I have the strong impression that this diagnosis was made as a way of ignoring my distress and because I was inconvenient to staff. I have a great deal of sympathy for people who are genuinely diagnosed with this illness as the stigma they face from the medical profession is extraordinary."

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.

"The mental health system is impossible to navigate without help from a supportive GP (who are thin on the ground). Of course, I don't have to navigate it because there aren't any services available to me. It needs to be remembered that things that are straightforward for someone without mental illness may be challenging for a person experiencing anxiety, mania or depression. Anxiety makes things like calling a psychologist almost impossible - in my view all mental health providers should use online appointment systems. I also find the focus on telephone helplines particularly unhelpful for this reason- chat or sms options are needed. In addition, almost all mental health services are not set up for people genuinely in crisis. I have had to wait 6-8 weeks for a psychiatrist appointment - as a patient who needed hospitalisation. The right time for an appointment during a crisis is today, not in three weeks time."

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

"Obviously systematic discrimination and prejudice lead to poorer mental health outcomes for LGBTIQ, Aboriginal, disadvantaged and many other Victorians. Systematic work on these determinants of health is required."

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

"Carers and family members are given effectively no help in the current system. As someone who helps others with mental illness I find current advice provided for carers very unhelpful - instructions are so vague that they provide effectively no help. As someone who has helped others with a mental illness I would like to know at what stage I need to call in what help - and to have that help available. Carers bear the brunt of the lack of an inpatient system. I have sat with friends who were suicidal and could not be left alone - but were sent home from hospital. Carers could also be better supported in practical ways. When you have cancer, people bring you casseroles and offer to do your dishes. No one offers that kind of practical help for mental illness

and options like in home help and respite care are generally not available."

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

Allowing them enough time to feel like they're actually helping their clients.

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?

"Better treatment is the primary driver of economic participation. There are systematic biases in the workplace and elsewhere, but these can generally be ignored if treatment is successful."

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?

"There needs to be a dramatic expansion of inpatient treatment and the instigation of genuine outpatient treatment options (this exists in the private sector but I've never seen it in the public section). People with serious and long term mental illness that doesn't require in patient treatment but also can't be successfully treated in ten sessions need real and lasting change in the options that they have available to them. Ideally a team care model would be used, with access to social workers, nurses and other allied health professionals as well as psychiatrists and psychologists. There's needs to be a drastic change to the way mental and physical health are treated. There isn't really a distinction between mental and physical health - my bipolar disorder and the medication I take for it affect my body more than anything else that has happened to me ever, and if I am unwell physically I cannot properly manage my mental health. GPs need to be supported to manage this interface - but there needs to be a greater literacy about mental health across all medical professionals. I should not have to explain how my antipsychotic works to my dietician or my gastroenterologist. I think would also like an acknowledgement throughout the system that the primary treatment for serious mental illness like bipolar disorder and schizophrenia is medication. I'm not suggesting that those who manage without medication are doing the wrong thing, but that for most patients with these illnesses the initial goal should be to find a medication that works, that doesn't have disastrous side effects. CBT and other therapeutic approaches support the effectiveness of medication, not the other way around. I have had several psychologists and other health professionals tell me to reduce my medication. I've tried it - it doesn't go well. The implication of this focus on medication is that most people with serious mental illness need to see a psychiatrist regularly - and this would be unaffordable for many under the current system."

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

There needs to be a genuine funding commitment.

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

N/A