

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

Organisation Name

Campaspe Murray Mental Health Network

Name

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

"oMore education in schools, workplaces & universities on strategies manage/cope/assist with mental health whether it be your own or someone else experiencing it. oEducation for public through TV advertisements on the different types of mental illness olIncrease access to healthcare. This encourages people to get help and deal with their mental health when they know it is easy to get in and get help. Often when people finally admit they need help and want to get it there isn't the availability and it then becomes too hard when they have to wait. oTrained clinicians to help recognise signs to facilitate support for people. If all health professionals (could include administrative staff who are the frontline of businesses) can pick the early signs, know what to say/when to say it, and the appropriate channels to get people involved with support then this will cover a large amount of ground, and hopefully prevent cases that are too late and needing urgent mental health input. oGP's require more education particularly around substance abuse disorders. oExploration of why Australia has high levels of mental health problems- Western Society has good access to service provision and other key determinants of health so where are we getting it wrong? Consider materialism and lack of connections as areas of research. Move away from stigma and discrimination as being causes of poor mental health. This has not brought about results. oPromotion of different ways to address mental health rather than focusing on the medical model and psychiatry. Utilise research around connections and use of music. "

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?

"oEducation clinicians are better educated around mental health however it could be increased, and expanded across differing professions. oBeyond Blue and headspace are examples of organisations that have done well at educating people about mental health. Educating GP's oWhat isn't working well is the business level approach to treating people and diminishing access to services by centralising services and using media personalities to bare their soul about mental illness is not helpful. It normalises mental illness among that group of people but excludes others. "

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

"oProviding suicide statistics. This really hits home about how prevalent it is, and encourages people to think about it. o Awareness days however we could encourage more conversation about suicide more frequently (ie not just one week per year ask R U OK, ask every month). o Advertisement and training for all people to be able to recognise the signs/symptoms, and encourage conversations between everyone not just health professionals. The average person needs to be educated and encouraged to talk to people and be more aware of how to help those in need. oExplore what is going on in society, cultures, workplaces etc. to determine why suicide is increasing- moving away from the medical model. olImprove assessment away from the tick box

to a more holistic approach. People shouldn't need to take desperate measures to get assistance.
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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.

"oSocial media really impacts a lot of people now days. Online bullying is so prevalent especially in the younger age group. Improvements could occur through resilience building and education of young people about what is good mental health, identifying people's values, supporting young people with difficult home life. oThe current referral processes are cumbersome. There needs to be an improvement in the ways people access services encourage more informal settings that people can go to for support. For example the average dairy farmer rarely goes to the GP, especially not for mental health advice (due to stigma). Possibly having more local community events to address this, and help them feel more welcome and comfortable in their own town to reach out for help, especially if it's easily accessible. oA one-stop-shop type service would also be beneficial. For example farmers do not understand the health world, and don't enjoy going to multiple services for multiple referrals. One place for all mental health needs that is welcoming and has information that is applicable and that they can understand would help address this barrier. olmproved coordination between services is required, particularly Mental Health and AoD services. Gps also require improved, increased and mandated education regarding substance abuse disorders. oReduce negative dialogue around mental health and terminology such as mental health units are full of people with substance abuse issues and the mental health units are dumping grounds The needs of Indigenous Patients must be addressed: Lack of cultural safety of services Racism in community Marked inequality in health indices Institutionalized racism in primary and secondary MH Services Lack of cultural understanding in clinical programs inadequate contact with clinicians cost of transport cost of recommended services eg. counselling impact of change of staff difficulty in negotiating way through complex systems Resistance of inclusion of family and carers in clinical processes. There are specific rural issues that must be considered: Urban Dwellers moving to region for low cost housing with expectations of metropolitan service delivery Growing immigrant community without local support Impact of distance on clinical work such as driving risk Inequality of workload and salary of urban /town colleagues No back fill for staff Demands from cultural / political / funding community leaders for outcomes that are more reflective of metropolitan service capacity teams rather than rural capacity. Need for active presence of Mental Health Service leadership in rural clinics to address specific issues and support. Cost of travel Limited public transport Inadequate services in rural areas beyond townships "

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

"Societal issues oExpectations for people to be stoic and have a stiff upper lip oWorkplace pressures and high demands in the workplace oFinancial stress and the High cost of living people can't afford mental health costs on top of their living costs. oLow socio-economic, low literacy/education, high rates of unemployment, welfare dependency, poverty, homeless, substance abuse are contributing factors to poor mental health outcomes Rural Issues oLack of understanding of the different needs of people. rural people live very differently to regional/metropolitan people. The same approaches in Melbourne will not work in Rural Victoria. There needs to be tailored services and advice for rural people. A lot of rural people feel excluded

because they don't have access, and when they do it is not tailored to suit them. There is the feeling that the government doesn't understand what is going on in rural towns. Governments need to be more aware and actively participate in rural communities in an attempt to understand what they go through and what help is best for them. Most rural people are not people who like going to a specialist in Melbourne for help they want a friendly face that they can trust and someone who will empathise with them. Governments make many legislations and policy changes but fail to see the outcomes and impacts they have on rural people

- oLack of choice of programs for rural people
- oAdditional costs for rural people
- oLack of resources, funding and staff in rural and regional areas- challenges competing for resources with metropolitan counterparts contributes to poorer mental health outcomes.
- oLack of gender responsiveness
- oLack of communication and collaboration between Mental Health and Substance Abuse sectors

Community issues include:

- oInadequate primary mental health programs
- oRehab Psychosocial support Carers support Physical wellbeing programs
- oWidespread catchment
- oVariable access to GP's (can be infrequent clinicians)
- oCommunity Expectations of Mental Health Services way beyond resources
- oCommunity Blaming of Mental Health Service for all deviant behavior, impulsive dangerous behaviors, suicidal behavior of significant adverse events
- oA culture of blame of Mental Health Services
- oStigma and impact of Stigma on all of the community

There is a need for:

- oNeed for supported accommodation
- oNeed for psychosocial rehab programs
- oNeed for work rehab programs
- oNeed for counselling and psychotherapy programs
- oNeed for social therapy programs

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

"oProvision of a carer contact person in the mental health system that the carer can talk to.
oListening to and valuing voices of family members and carers. oInclusion of families and carers in clinical processes "

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

"oClinical Supervision ensuring that clinicians have a senior support to work through workplace issues, related to their profession or wider workplace. oSupport from senior management. oPeer support oEducation opportunities oAdequate equipment oImprovement in workplace culture and equality- staff need to feel valued "

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?

"oMore funding and opportunities for regional and rural areas to establish supports like community gardens oFunding for carers to participate in inclusive activities with the person they are supporting "

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?

"oSocial interaction instead of keeping people in facilities (within reason) encourage participation and integration into society. Give people with mental health issues the supervision and support they need to engage in the community and contribute to society oFunding to hospitals to have the physical space to enable co-location of Mental Health and AoD services in ED to enable

collaboration through assessment easing pressure on entry points via the hospital or Mental Health units. oReform of mental health units to become dual diagnosis units so mental health and substance abuse disorders can be worked on collaboratively. oReallocation of funding into Mental Health to expand staffing, offer scholarships and base Graduate Certificate level and improve skills of staff. oAddress workforce issues: Inadequate medical staff including Psychiatrists Distance from hubs Limited education supervision support due to travel and lack of back fill, Visibility within wider service Still many silos and service protecting resources blocking mental health referrals High work load for Case Management Complex clinical workload Inadequate time for non-urgent support and treatment of patients. Safety for clinicians in community. Need for adequate tools, Phones, laptops etc Need to maintain moral staff need to feel valued. Work harder on staff retention and recognition of quality staff. "

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

"oFunding ensure appropriate funding that supports people's needs, but also encourages a return. For example business that sells goods/services to the community that employ people with mental health issues olmproved surveillance of mental health services to ensure they are meeting quality standards "

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

"oPlease consider the people in rural communities oAddress Indigenous issues oThere is lack of confidence by the public regarding the effectiveness of Royal Commissions. Recommendations need to be implemented and monitored. oThe AoD reforms of 2014 have not been effective in improving access or quality of services. "