

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

Organisation Name

N/A

Name

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

1. more group support facilities that include able mentally ill patients to mix with non mentally ill people without stigma. 2. Availability of free compulsive professional development workshops and online professional development for GP's that provide services to mentally ill patients. 3. Positive information provided to students in schools educating them about mental illness and its wide spread prevalence in Australia. Information would be provided by groups selected from the teaching force to travel around schools to deliver appropriate information similar to bullying program. Only teachers with personal experience or other suitability would be selected for the role. 4. Positive advertisements using influencers and popular celebrities placed on all media outlets portraying positive and negative sides to mental illness ie; accomplishments and struggles of a mentally patient. 5. Social and employment inclusiveness with total acceptance. This could be bought about by government subsidies provided by organisations willing to accept into their organisation or employment place either full or part time a potentially suitable person with mental illness. Training for appropriate positions would be provided to this person over a period of time in a sensitive manner by a carefully selected member of staff with interests in the area of mental illness. The employer would be accountable to the subsidising body for ongoing checks and interviews about the progress and success...this could all be done online. Most important that the employee have an opportunity to privately express his views of his progress and ongoing success or struggles and this be considered in regard to continued employment without prejudice.

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?

"1. A central filing system to hold all information about treatment, admissions, medications, doctors, etc seen and treated by the patient or client and to be updated with new information, reports, doctor visits, names of medical teams, house calls, triage visits, new meds, names of family members, client history. This is essential to keeping the patients health ongoing and important when patient is unable to communicate in a rational manner or with memory problems. Also it eliminates the need for family members to constantly having to repeat to new treatment teams or doctors the patients entire history and list of meds and treatments over years. If family members die or are unavailable the patient history can be accessed by appropriate parties. The information is not available to general public. Hospitals. treating doctors and psychiatrist, treating outpatient clinics, mobile units, treating nurses, treating case managers and temporary staff replacements must access the file on a weekly basis while treating or in consultation with the patient and be accountable to a monitoring system or watch dog alert."

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

N/A

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 up to date current holistic knowledge and facilities. The [REDACTED] hospital has not changed its ideas since the fifties and is still seriously governed by drugs and treatments issued and sold by major drug companies who provide kickbacks to use their products. All psychiatric hospitals in Melbourne are behind the worldview of current mental health treatments such as future thinking up to date well respected hospitals such as those found in Germany and other European countries not influenced by FDA and major pharmaceutical companies. Unfortunately for patients and their families unless this is investigated at the highest level, this will keep the [REDACTED] hospital and other Australian hospitals archaic in nature without any possible foreseeable advancement for the future of health in the field of mental illness. Facilities within the Psychiatric ward are old and out dated, SIGN IN SIGN out methods are demeaning, nurses totally unqualified for the job, meals poor, patient rooms bare and uninviting, no daily or weekly information about patient for concerned family members, no ongoing inclusivity for family members, waiting times for admittance to the ward unacceptable, to seek information impossible, audiences with patient doctors all but impossible unless an appointment is made which is always weeks in advance, SUPERIOR attitude of psychiatric doctors towards families (god like). The list could go on forever. "

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

N/A

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

"See above. INCLUSIVITY, RESPECT, CONSIDERATION FOR THEIR INPUT AND PERSONAL KNOWLEDGE AND EXPERIENCE WITH THE PATIENT."

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

More funding for training and professional development. Screening for staff suitability for this type of job. Financial and work perks in recognition of the difficulties in this type of work.

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?

N/A

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?

"1. Strong systems set up for communication about patients between all existing facilities involved in mental health. 2. Investigation into present day archaic forms of treatment and medications prescribed and administered with view to bringing psychiatric hospitals up to date with holistic current forms of treatment. 3. Complete over haul and replacement of out dated old facilities for example take into consideration and study the types of activities for rehabilitation and health improvement used and incorporated and proved successful in modern progressive European hospitals. Updated and more inviting patient rooms and living areas.4. Increased respectful family

involvement with a view to acknowledging their personal knowledge and experiences of the patient when deciding on medications and future treatment plans. 5. More trained staff in all areas of mental health to provide better service and to eliminate neglect. 6, Newly built facilities to cater for patients. More available beds for patients in the Bayside area. This area has a huge number of needy patients who cannot access adequate care. Many patients are released into the community which produces a vast array of social problems, before they are well because of lack of beds. This then becomes a revolving door."

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

"LEGISLATION, POLICES. RESEARCH, EDUCATION!"

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

N/A