

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

## Organisation Name

N/A

## Name

Mr Ian Whitehead

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

"To be blunt, the demographic that should be most relentlessly targeted for support and acceptance is as any and all men and boys. Look at suicide rates male vs female, then look at that as age groups as a sub-division for each and then look at how that changes when you take lifespan into account. It is absurdly disproportionate; men take their own lives, worldwide, as a multiple of the equivalent numbers for women. Any commission MUST start there. Not only are men more likely to take their own life, but they are much more likely to be emotionally or mentally equipped to deal with it if it happens to someone close to them. And that general principal of a male being less able to cope with redundancy, relationship breakdown, loss, grief, alcoholism, bullying, social stigma, sexuality, whatever, applies across the board. START THERE! The most good will be done, the money spent will change things and the more the message is rolled out to males, the more males will be able to support others."

### **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?**

"There are some good resources out there, and often a referral to a counselor or psychotherapist can be of tremendous help, but the limited Medicare rebated appointments are simply not enough. Some people face ongoing battles and can develop a strong and reliable support with their mental health professional. But then having that person go without that support because they simply cannot afford 150-200 a week or fortnight is cruel. It's one thing to need a support, another entirely to find it but it's crippling and terrifying to go without it due to cost. It's also cruel. A fully subsidized mental health programme would also be able to refer to outside agencies for relationship breakdowns, family problems, AOD problems, housing... but all these things need to be integrated and connected. Case management needs to sit over all these services and systems and be more holistic both in terms of oversight and patient welfare."

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

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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.**

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

Access to services in rural areas can be addressed by incentivising professionals to move to those regions. A driven program to recruit and train a culturally varied and appropriate workforce. Lack of opportunity - subsidise relocation costs for jobless areas.

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

Usually time and money which translates to exhaustion and a lack of supports outside of the carer. Money can't buy you love but it can buy you a break and it can buy you a breathing room when every cent and every minute is sunk into caring.

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

"A serious look needs to be taken at service trainers and providers. Some are a time sink and a rort, designed to keep you studying and not graduating. Significantly lower existing student debt and future debts for those re-training for mental health fields. Streamline the qualification process so that more workers can complete their training through other work in the sector. Getting qualifications often leads to needing more qualifications not getting a job. Honestly, have a good, long, hard look at organisations like ACAP. The mis-management and student exploitation is rampant. "

**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?**

I have no meaningful opinion but I think serious investment might be involved.

**Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Education to enter mental health should be seriously looked at. Specifically canvas students at training colleges. Students new to the workforce. Look at standardising professional bodies to limit monopolies. Look at the suicide rates amongst those who were in therapy but, for whatever reason, couldn't continue with it."

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

Education. Advertising. Publish the statistics in the national papers. Educate people. Raise awareness. Make it something people can understand and empathise with.

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

Well done for doing it. Good luck. Don't waste time though; lives are depending on this.