

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

## **Name**

David Peters

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

We can only hope to improve the Stigma surrounding mental illness through education and awareness. Use every opportunity to normalise the experience of mental illness and distress as natural and normal responses to life events. Get the media to sign, agree and follow Stigma watch, and the Comms Charter for Life in Mind. Stop the constant media narrative of Mental Illness = Violent, Homeless = Mentally Ill, Substance affected = Psychotic. Promote Help - seeking as a normal part of every day life. Use these opportunities to get the voice of lived experience out into Schools, Community Groups, Community Health Organisations, Libraries, Rotary Clubs, Bowls Clubs, Swimming Clubs, Bridge Clubs etc. Fund and train the Peer workforce and provide the framework for lived experience supervision within a workplace, whether in the community sector or not. Make Mental Health First Aid a compulsory unit for Year 9. Appoint Mental Health and Help-Seeking ambassadors in Senior School, esp Years 10 - 12. Educate kids in Primary about help seeking and how to support your friends. Real world consequences for bullying and harassment, particularly cyber bullying where there is no escape and your actions online can sometimes feel abstract, without real life consequences,

## **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?**

N/A

## **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.**

N/A

## **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?**

Information on what to do in an emergency. Who are the people I can contact when my loved one is in urgent need for medical help? Who is their case manager? Who is their Psychiatrist? Are they on any Medication? If I go to Emergency, what do I tell them so that we can get the help they need immediately? How can I ensure my loved one gets the care they need without being dismissed as 'attention seeking' or 'already linked in with supports'?

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

A good start would be retaining the funding for Community Mental Health Support Services like Mind Australia, Wellways, EACH, Co-Health and Neami National. The Mental Health, Community Support Services (MHCSS) program was a vital piece of service provision that assisted approx 13'000 people across Victoria, with many more thousands on the waiting list to live in their community with regular, recovery oriented, person centered supports. When the funding for this program in particular was diverted to cover the State's NDIS obligation/contribution, our workforce from Community Mental Health sector was forced to exit the sector in favour of other work opportunities. For years the services have been limping along from one year to the next, which for service provision might make sense (not sure how, but I'm not in Government, so who knows?), but in terms of Staff retention and job security, it sucks! The workforce that grows and develops over time shares much collective knowledge and experience, but it cannot be gathered, recruited, trained and supervised without the appropriate resources to do so! The insecurity of funding has caused many people I know and have worked with to exit the sector in search of more long term work conditions. Anyone seeking a rental agreement, a home loan, a car loan, wedding, overseas trip - all these people need job security and without that they will continue to need to look elsewhere to find it. Bottom line - appropriate remuneration, training and supervision with opportunities for career progression and job security.

## **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?**

Unfortunately with the loss of the MHCSS program, much of the workforce who might have facilitated group activities under Day to Day Living program have been lost, causing services to shut those groups down. The introduction of the NDIS has given a good proportion of the previous MHCSS service users the opportunity to get individual funding to pursue their goals. Unfortunately this individualised funding has made it extremely difficult to access any supports from service providers who previously delivered the MHCSS program! Neami National was forced to withdraw from the NDIS marketplace due to not being able to deliver a service for the price per hour on offer under NDIS. As a result, they ultimately had to retrench hundreds of staff and close down over half their offices across Melbourne. The NDIS does not have any equivalent supports available to replace the MHCSS despite the promise of 'No Disadvantage'. The unfamiliarity and extremely bureaucratic nature of the Scheme has made it extremely difficult to access anything Mental Health specific, as the large majority of services available under the NDIS are centered around supports for people with physical, intellectual or cognitive disabilities. Without a structure and framework to support the staff to deliver group programs/activities, it's difficult to see how this might otherwise be achieved. In terms of economic participation, in my experience, most people want to have something meaningful to do with their time and energy. For many people, this includes employment. Unfortunately, due to unexplained absences or missing work history, it can be extremely problematic for people who have had an extended leave from employment to be able to gain new employment without fear of stigma or being forced to disclose a mental illness in order to explain. The majority of workplaces I've been in contact with have no structure or even information to support an employee or prospective employee to return to work and be supported to stay in employment with a mental illness.

**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?**

Services that have a 'NO WRONG DOOR' policy. Being able to walk in to any service at any time and able to access support, even if the service can't provide long term support and ultimately needs to find a service to provide that, you should be able to ring or walk in to any service, including Hospital Emergency Department, and get assistance immediately and for the short term future. (i.e. Today, tonight, tomorrow and the rest of this week) If I'm in hospital for a Hip operation and I'm worried about pain, or I'm experiencing a worsening of my mental health, I think it reasonable to expect to have access to Mental Health support within my current environment. If I'm in a mental health ward/psych ward, I think it reasonable to expect that if I have a cardiac arrhythmia, that I would be able to see a Cardiologist in the hospital without delay. I know of at least one case (from ██████ Hospital) where a patient in the Mental Health ward had a long term Heart problem, had an existing appointment for a Cardiologist at ██████ Health but was not allowed to attend due to being restricted to the Psych ward. He ultimately died of heart issues while restricted to the Psych ward. Although we have both a State policy/framework document, and a National consensus, there is still very little awareness or activity to address the physical health of people living with chronic mental health conditions. Equally Well has been advocating for change for the last few years and despite the recent launch of Victoria's EW policy, I no nothing of any services available to address someone's health needs holistically. Informed consent seems to be a foreign concept for most psychotropic medication prescriptions with little to no information given on possible physical side effects like weight gain, nausea, stimulated appetite, fluid retention, metabolic syndrome, shortened life span, early mortality from CardioVascular disease, Diabetes and Stroke. This is a National DISGRACE. Even if a person is on a Treatment order, they should still be informed of the risks involved with their treatment and it is a breach of their human rights to deny this!

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

Funding continuity. Programs and framework implemented and funding guaranteed for long terms beyond the life of the Government. Diversion from Justice if Mental Health was a contributing factor leading to the offence. Agreement/Negotiation with NDIS and other Commonwealth bodies to ensure no gaps in service provision and no-one left behind. The current system is a disaster with the Labor Party responsible for diverting funding away from MHCSS in favour of the NDIS, which does not offer equivalent supports!

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

N/A