

Eventually finding a psychologist who was helpful. Why hard to get help?

Not spoken about in Asian community – MH. Ppl say get over it – it's a taboo subject not to bring up. When I found a good GP, she referred me to psychologist – but they kept changing (had 4 psychologist) and it kept changing. Hard to keep changing story – ATAPs referral (which is cheaper than usual) – 6 + 4 sessions and no one told me about it.

Through psychologist sent to [REDACTED] which was very good. Nobody referred to psychiatrist but was sent to psychologist pathway.

In school I wasn't included in games etc and because different (because right eyes look right side) loneliness went to exclusion and then psychologist at university. First encounter with psych but kicked out by [REDACTED] Uni for failing primary school teaching 2 yrs. in a row then saw psychologist properly out of uni.

I didn't know how to talk to family about it. Dad was overseas every year, mom looking after sister and I – felt like there was enough burden on them and can't ask more. More supportive now and understand triggers now. No environment to talk about mental illness. In a community sense, no space to talk about mental illness. Even with relatives they say it's a rough patch and you will get over the sadness. Quite hidden in Asian community.

Has it changed over time? Still behind in the community. Don't see resources in other languages, examples of other Asian consumers who are not linked in with services (outside of Vic). Its luck whether you get support or not.

What can be done to be more community awareness? More advertising like lifeline and beyond blue – even community centres with psychologist support (community health doesn't cover psychological support). If everything in one place, more accessible and less taboo.

Malaysian-Chinese born in Australia. Dad is retired and both in Melbourne. He was working overseas everywhere (working in oil and gas). Sister is married with 7-month baby.

Experiences with services – [REDACTED] First contact with [REDACTED] (3 month wait) - /under the PHAMS funding was fine until NDIS as didn't automatically roll over – you had to prove MH to be included so ad hoc.

MHCSS funding – that wasn't helpful, but it automatically rolled over to NDIS.

Had an interview with Naemi Doncaster and got to [REDACTED] through PHAMS funding stream.

NDIS – [REDACTED] told and helped with getting on NDIS. They said you need psychiatrist report but bulk billing psychiatrist not taking more people and even private ones too expensive and long waiting period.

Through [REDACTED] [Kew] was able to find a psychiatrist who bulk billed – only saw for assessment. Also need Occ therapist for assessment even though never seen one before. Psychologist also did report.

There was major wait period for OT assessment and they went to home and its was a ok report. Ppl going to PVT OT and did a more detailed report. So many hurdles to jump to get funding.

I lost [REDACTED] to get NDIS. Applied to [REDACTED] in Dec 2018 and no support worker for 7 months. Now support worker under Conscious Care, a new organisation which is under NDIS. Click ability – review

website for service is something you can use. Found Conscious care through support coordination's. We tried to get [REDACTED] and they will charge for transportation within appointment, but [REDACTED] don't. So, tried to go to [REDACTED] in Dec 2018 and they said 3 months wait, After 3 month wait, said can't find anyone for those times. Finally allocated someone at the end of May but they couldn't do Fridays (as I don't work on Fridays). In [REDACTED] support worker to come to home, go for coffee, and talk about mindfulness and had good protocols and tools to show what was making you happy instead of focusing on employment 100%. Have left [REDACTED] and under Conscious Care – it's just debriefing and having a chat as they don't have tools like [REDACTED].

[REDACTED] can't work in Vic due to the block funding didn't roll into NDIS. Still have a support coordinator but she is not very helpful. Under NDIS package, no relationship skills packaging (which was one of my goals). No exercise physiologist which I need. Can reapply when your allotted funding (20 hours end) but nothing to be done. NDIS – you cannot get osteo for adults – they can go for physio, but I prefer osteo.

Another couple got a support worker to help them for intercourse. Now sexual services not covered under NDIS and they said ppl won't be worse off under NDIS. Meals on wheels – you need NDIS for that and ppl may not be disabled.

I work as a consumer consultant at Austin health and use lived experience and spending time in wards in APU and SECU. I run pet therapy, open peer groups and meet consumers for a chat and give feedback to staff. The feedback is not a training thing – purpose to bring non-clinical person from a consumer perspective. I will say what I found helpful to staff etc. I work 22 hours a week over 4 days there.

In terms of interacting with consumers, SECU ppl are on involuntary order and been there for 11 years (hospital environment). Some have leave when they are well, most of them have nothing to do (no TV except if they have funds, money is with state trustees and any money goes to cigarette and drugs and as nothing to do results in aggression).

Experiment for rats with water and heroin water and not many things to do.

SECU has replaced Larundel and its easy to get on an involuntary treatment order.

I spend time ppl with at SECU, play pool, Table tennis, board games, have a chat – some of them are high-functioning and I wonder why that happens.

Some ppl absconds and now there is no smoking on hospital grounds – I have to tell ppl not to smoke and have to record a Risk Report to note hospital policies. Govt instruction re non-smoking.

Advance statements – You can write that you don't want ECT/ injections when unwell. You can put preferences down. They can override it but it gives more of a say. But there is no database to record it so you are expected to have it on person at all time. Legal doc witnessed by GP. Up to you in a position to give it to each hospital. Not like Advance Directive. Won't even be covered by My Health Guard.

Advance Directives – I don't want to be on life support when comatose.

Nominated person – guardian to be an advocate – must be family member or friend.

I come across people in different age ranges in acute psychiatric unit and SECUS. We get everyone – Person who is not an involuntary treatment order but just stays because there is no where he can stay.

System changes:

- 1) Block funding was beneficial when [REDACTED] [REDACTED] etc existed. Not that much of a waste as services could take on brunt. Now more incentive to go to ED as free - community MH support can't be funded.

When acute, support worker said you can't go for MH hospital AS you are not very acute. Severely depressed and there were no other services could be offered. Maybe PARC but the support worker didn't know about PARC.

PARC is pretty good and works very well – Austin has CCUs which are independent units (Community Care Units). Some ppl is able to transition after [2 yrs.] to living in community. We are thinking it's going to be worse discharging to SRS from SECU as comm health not funded by NDIS. Half the SECU patients not under NDIS as deemed as being looked after by AMHS. As not considered as living at home. Support workers not funded to come see you in SECU. Earlier support workers can do some work with SECU patients (outings, play etc) but OT on ward can't do everything.

It's difficult with the consequences of NDIS and we don't know what will happen as things keep changing. If you don't qualify for NDIS what is out there? – It's this or nothing. There is a black hole there.

Austin has a PAPU – 6 bed unit (p and psychiatric unit) positive results. Even enhanced primary care plans, if you have savvy GP you can get 5 psychological sessions a year. Now a ATAPS not around, it just MH care plan.

10 sessions a year is not even one a month. What can you do if there is only ten?

Have worked for Austin for 2 yrs. and 9 months – still trying to understand the different services. If I had known about a lot of these services I would have used it.

Step care model – designed to fulfil the needs of NDIS (high needs).

Low and medium needs – [REDACTED] Steps but no longer funded.

Only 20 hours – how do you budget these sessions? NDIS expect you to be Mental Health Care Plan so that they can fund less.

When I met a local coordinator, she said exercise physiologist would be good, you meet requirement for level 3 mobility support but when plan came you get level 2 despite meeting eligibility criteria and no exercise physiologist.

Another friend called and said I don't need mobility allowance (straight to bank account or to a taxi co) and she never applied for it. And they didn't want the money back.

Circa running NDIS call centres and they did detention centres and not going anywhere.

I was in an ECT case and how he was put on an involuntary treatment order urgently, And another person said I don't want ECT and we wanted second psych opinion which said medication instead of ECT. So, she succumbed to ECT and said yes – and then psych said you have decision making capacity so no ECT for you. After psychiatrist “threatened” with ECT she was able to see she didn't need that, and I let her go. When you have a recovery model that OT and support workers live by but now under NDIS and you won't get NDIS if you put any recovery-based language and OTs and support workers don't know that they should use

negative language. Tis going from a strength-based recovery language to a negative language model to get a NDIS package. That's depressing for consumer as well.