

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

SUB: 0002.0005.0192

Name

Anonymous

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

"One of the biggest barriers for people accessing Mental Health services in Victoria is the Mental Health Plan process. To access a psychologist you have to be labelled with a diagnosis, a disorder from the DSM. This puts a lot of people off because it can hinder your applications to jobs and insurance later on in life. Additionally, the diagnosis is given by a GP who spends 10 minutes sitting with you answering questions, not by a psychologist or psychiatrist who spend time with you and get to know you - who would ACTUALLY know what diagnosis fits. Further, having a diagnosis label increases stigma and discrimination. Seeking help shouldn't be about labelling someone with a disorder. We should be able to seek psychologist or MH professional support without being subject to a label. I've had multiple MH plans and each time I've had a different diagnosis - it looks like I've had countless mental disorders. This is a ridiculous, punitive system. Having more 'big-name' advocates would help to reduce stigma. No one in AFI or politics has come out as having a MH issue, however given prevalence rates of MH disorders it's almost statistically impossible for there not to be someone in those areas with a mental illness. Some transparency around the systems would be better. If it was really clear to the public how to seek help, what a Mental Health Care Plan means, what it could effect (employment, insurance), what happens under the Mental Health Act re: voluntary and involuntary treatment. I think it would help to have programs in school talking about mental health and the public mental health system. We need to start teaching people earlier that it's ok to seek help and that EVERYONE'S mental health suffers sometimes. As well as teaching them about support options, prevalence, mental health first aid etc. School aged children would probably also benefit from information around carers and carer support as many young people are caring for their parent with a mental illness."

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?

"Currently being done well: it's very easy to get a mental health care plan from your GP. There is a BeyondBlue AFL game that targets a population that primarily suffers from toxic masculinity and are help-seek-avoidant. One of the biggest barriers for people accessing Mental Health services in Victoria is the Mental Health Plan process. To access a psychologist you have to be labelled with a diagnosis, a disorder from the DSM. This puts a lot of people off because it can hinder your applications to jobs and insurance later on in life. Additionally, the diagnosis is given by a GP who spends 10 minutes sitting with you answering questions, not by a psychologist or psychiatrist who spend time with you and get to know you - who would ACTUALLY know what diagnosis fits. Further, having a diagnosis label increases stigma and discrimination. Seeking help shouldn't be about labelling someone with a disorder. We should be able to seek psychologist or MH professional support without being subject to a label. I've had multiple MH plans and each time I've had a different diagnosis - it looks like I've had countless mental disorders. This is a ridiculous, punitive system. Having more 'big-name' advocates would help to reduce stigma. No

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

Suicide is still not talked about enough. Schools threaten to expel children who are depressed and/or suicidal because they'd make the school look bad. When someone threatens to jump off the Westgate bridge it's not reported anywhere except by individuals on Twitter and Facebook. It's not talked about in schools. No one knows that prevalence is higher in men because they choose more lethal methods than women. Information on crisis assistance is always Lifeline and never CAT teams or hospital outreach programs. Suicidal persons are always referred for Mental Health assessments or to their psychologist/counsellor and the waiting periods are too long. My friend's partner was expressing suicidal tendencies and because he didn't understand anything about depression he thought it was because he left dishes in the sink. I had to talk him through mental health triage and give him information on CAT/crisis services.

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?

"The three main reasons I've come across are: lack of education, ICE (drugs and alcohol) and family violence. It's a vicious cycle and there isn't enough intervention or prevention. All services are completely overloaded and overworked without enough staff/provisions to meet the demand. In terms of Family Violence - no service will work with a woman who wants to stay in the relationship DESPITE the fact that what we know about family violence is that it's like brainwashing; women often don't want to leave and feel as though they don't deserve better relationships. But with counselling and intervention women are able to break free of the cycle of violence, and those with children are able to stop the trauma cycle. In terms of drugs and alcohol - the penalties for ICE use or other drugs are not severe enough The impact of AOD on mental health and family violence is significant and not dealt with by any authority. Child Protection report countless cases of ICE use to police and nothing happens. Countless cases of FV fueled by AOD to police or community services and nothing happens. There are mandatory reporters in the mental health profession who don't report any of the above problems to anyone. Another barrier is the times that mental health services are available. Online services and helplines are available 24/7, but there are no late night/overnight clinicians available for people who work full time or who look after children all day. Mental health is not 9 to 5, so mental health services shouldn't be either."

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

"Carers score low on quality of life and general wellbeing in research, even when they feel there's support available to them. It sounds like there needs to be an overhaul/review of the carer system to determine what's not working. Again, a barrier for my family members is the labelling/diagnosis outcome of Mental Health Plans. That and the expense of psychologists/counsellors. My family members need support to deal with personal issues, but also with family issues. If family therapy were more accessible and more broadly advertised that would help. There's no support through the school systems and even less when everyone in the family is legally an adult. DHHS workers are seriously understaffed to support families. Wait lists for family support services are astronomical. "

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

"There is no problem with attraction. There's a steady stream of new workers. The problem is retention. Good workers leave because nothing ever changes. Management is always 'just following a system'. Mental health is 24/7 but mental health workforce is 9 to 5. Bad workers can't get fired or even performance managed because the workforce is so desperate for staff. Good workers get over allocated because they're good, then they burnout and there's no support for them and they leave. Turnover is too high. There's a lot of recruitment from abroad but not enough from our own mental health students and graduates. The staff from abroad are on working visas and aren't supported to adjust to the new settings but also can't leave because they'll lose their visas."

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?

Broadly speaking I think there needs to be a massive shift in the way the workforce works. 9 to 5 is no longer a feasible outcome for the majority of the population. People living with mental illnesses need flexibility. Flexibility around start times and flexibility around job type. People living with a mental illness are hidden from social participation. It's not talked about. You don't know someone has a mental illness (and you don't need to) but if you did it would be a 'big deal' not normalised.

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?

N/A

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

N/A

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

N/A