

# Royal Inquiry to Mental Health in Victoria Submission

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## Summary about my illnesses and history:

My mother died when I was young and she had a mental illness that wasn't properly treated in the 80's. I'm an immigrant from Europe (came with my parents and siblings) still dealing with culture shock after 25 years and sometimes with language. Not many friends in Australia or family. Growing up in low socioeconomic circumstances as a result of the immigration. I have been suffering from mental illness since I was 15 on and off - I left school for half year due to heavy bullying probably because of my aspergers. In early 200's I developed clinical depression after attempting unsuccessfully to commit suicide a number of times. CAT assessment team assisted after my dad had to slightly increase the perception of severity for them to even help. I also developed an anxiety disorder.

Thats been my daily life ever since - dealing with aspergers, clinical depression and anxiety daily dealing with a wave of different negative emotions, struggling to connect with others and struggling in all walks of life. Somehow through self help and research Ive been able to get access at times to things like participating in TMS trials in the Alfred with some beneficial results.

I treat it with daily dose of antidepressants, 10 sessions subsidised by medicare for clinical psychologist, meditation through hypnosis apps, regular gym.

## My symptoms of mild aspergers:

- Requires a medical diagnosis but hard to get and many aren't trained to identify it,
- People with this condition may be socially awkward and have an all-absorbing interest in specific topics.
- People may experience: Behavioural: aggression, compulsive behaviour, fidgeting, impulsivity, repetitive movements, social isolation, or persistent repetition of words or

- actions, unable to understand social nuances (big thing for me)
- I struggle with dealing with people and have struggled to connect on a romantic level to meet someone in my life
  - Mood: anger, anxiety, or apprehension
  - Also common for aspergers like me: depression, intense interest in a limited number of things, learning disability, nightmares, or sensitivity to sound
  - Over time my aspergers has increased in some respects.
  - All this feeds depression and anxiety

**My symptoms of clinical depression:**

- negative thoughts
- lack of desire to sleep - developed a delayed sleep phase disorder which I had to get treatment on.
- loss of desire to be with other people
- pains in chest
- emotional pain
- loss of motivation
- lack of energy to do anything
- irrational conclusions
- all or nothing thinking
- inability to develop relationships
- suspicion of others
- Loneliness especially in the evenings.
- Rollercoaster of feelings for every situation
- And so on. All this feeds anxiety and aspergers

**My symptoms of anxiety disorder:**

- Irritable often
- Stressed when driving car
- Stressed around groups of people
- Stressed when talking to women I want to get close to or am attracted to
- Panic attacks occasionally sometimes for no particular reason - just a feeling Im going to die.
- Fear of change
- Fear of the future
- Using too much nervous energy.
- All this has been happening for over 10 years
- Feeds my aspergers and depression.

So mental illness from my experience - if there are multiple things they tend to feed each other.

**What are your suggestions to improve the Victorian community's understanding of mental illness and**

## reduce stigma and discrimination?

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System needs to be proactive rather than reactive. Simple. Focus on prevention is a principle used in education and business to reduce disasters.

It has to be an all community approach - a holistic approach to regulation, communications and prevention in all walks of life - ultimate goal is to stop suicide in Victoria forever and increase well being of mental health sufferers:

### 1. Entry Points -

All GP Clinics should have a basic counsellor or psychologist available and even better, All GP's especially the old school ones need to be required to undertake mental health training so they can properly triage and relay a patient especially if there is risk of suicide.

### 2. Business world -

Victorian Business Laws must require all companies, trusts and corporations to have a "mental health in the workplace" policy and procedures that encompass wellbeing, ensuring all procedures at all levels dont aggravate suicide, people's existing mental health conditions, and penalties for bad treatment of mental health sufferers in the workplace. It often starts in the workplace with forced overworked & underpaid or not paid at all (like what I experienced when I asked to reduce my workload due to my mental health issues and I was made redundant). This must change. It should be illegal for business to allow for unpaid overtime or too much of it,. It should be illegal to make someone redundant because they asked for reduction of workload if there is evidence to support that claim. When a worker comes out with mental illness and tells their employer - the employer must provide all reasonable means to help them deal with the illness in the workplace and not make them redundant like what happened to me in my last role - I wish I could seek some sort of compensation from this company for the treatment I experienced.

### 3. Education system -

From Kindergarten, Primary, High School, TAFE and UNI must have at least one trained psychologist, trained in all forms of mental health issues to be a triage and counselling point to any student or teacher. Schools are severely ill equipped to triage, educate and protect the mental health of students. For example, some high schools make their students work 1 week out of the 2 weeks they have in terms of school holidays. TAFEs for example have student services but the counsellors are not trained or qualified to facilitate people with depression or anxiety or other mental health disorders - they treat you like a leper and offer services like hand holding during class.

NEIS program or other tafe course are great for someone like me getting out of long term unemployment - its just not designed to handle those with mental illness - no funding for mentors and tutors in NEIS program or other tafe course for sufferers - I could complete it I just

needed extra help in getting through material. And eliminate homework - nobody in business is expected to so why burden children and effectively remove their chance to relax, recover and form friendships, connections and develop on off hours by burdening them with huge homework loads sapping them of will to live. Do government or business jobs usually require huge amounts of homework? No - so why does the education system force homework loads that aggravate mental illness and make things worse, especially for the youth - rather than allowing them to have time off in evenings and weekends to make new friendships, fall in love and have a life?

#### **4. Government departments**

Including federal services within Victoria - must be equipped to deal with mental illness with policies, processes and welfare services that are designed to minimize the aggravation of mental health issues.

#### **5. Politicians and governments themselves**

They must include mental health considerations in any laws, bills and regulations they enact - ask "How is this going to affect people suffering from mental health)

#### **6. Local councils**

They need to consider mental health services in the local community and whatever laws and by-laws they establish the councils must first ask "How will this affect our citizens mental health if we pass this law or regulation?"

#### **7. Medical / Mental Health practitioners:**

There is a practice of over prescribing, favoring drug based treatment rather than effective herbal remedies (not enough research into medical cannabis, other herbs in treating for example depression and anxiety).

Psychiatrists should be relegated to handling medication and not get involved in counselling because they are useless on that front - that should be left to psychologists.

Psychiatrists should be given access to new treatment methods such as each mental health clinic (create them and encourage them) should have a TMS machine for transcranial magnetic stimulation a much safer form of ECT, virtual reality could be a potential treatment method that psychiatrists or psychologists could also get into.

Also as a requirement every mental health clinic must have at least one psychologist and one psychiatrist so patients don't have to run around for searching for either elsewhere. Government must support that and help with that because clinics often have difficulties in that.

## **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?**

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10 Psychology sessions work well. But it's not enough. We need 1 session per month - Vic government could fund the extra 2 sessions to contribute to the 10 from Federal government. But more scrutiny on psychologists needs to be in place so ineffective or untrained psychologists are not slipping through the cracks.

Art therapy is extremely beneficial for those who suffer from depression and anxiety but there is few practitioners qualified in art and psychology, no funding or support from the government and not enough research done to realise the benefits of art therapy on the mind - especially for highly visual sufferers like myself.

People need to be protected using preventative measures first by for example addressing the big areas in life that is education, business and government sectors:

### **1. Education system -**

designing the curriculum from kindergarten to University with mental health prevention. How? High school kids have to go to school 1 week out of their 2 week school holidays! Who does that - are we trying to aggravate kids mental illness by giving them impossible workloads? What about TAFE - why do the courses there require 60% of the curriculum to be done in the form of study outside class? Like work - students should be able to switch off after school and not have to deal with homework. TAFE and other curriculums need to have more funding so most of the school work is done in class and students can switch off and not have to work till late hours - for example someone with clinical depression or anxiety disorder doing the NEIS training course for 2 months - no tutors outside the 2-3 days classes and 60% of the course is at home with little support - I can tell you that this does aggravate the mental health especially because most NEIS students come out of long term unemployment on top of that.

### **2. Business sector -**

workplaces must have mandatory preventative mental health and wellbeing policy and procedures and whole of governance regulatory requirement to protect their citizens mental health - that means for example law forbidding working overtime especially unpaid or encouraging or allowing their staff to do that - since people with mental health are often prone to submission at whatever circumstances such as aspergers, those with clinical depression. For example I was treated this way by my previous employer - they knew I had mental health issues, I asked to reduce my ever growing workload - the board made me redundant instead - I

was told I had no rights in court - even the union could not help me as the laws would favor the business. So business laws need to favour mental health sufferers and be damned with favouring the business at the expense of the workers and their families. Health and wellbeing is more important than money and business has failed to rein itself in as to how they prevent and manage mental health - they can greatly contribute to reduction and management of mental illness in the workplace and thus allow more sufferers to work safely. I've seen so many workers go on long leave due to mental breakdowns - even in charities! Please research this "How many suicides are caused by bad working conditions for mental health sufferers?"

### **3. Government sector -**

outdated procedures, non digital first processes, bureaucratic quagmire, many other things lead mental health sufferers to suffer under any welfare or assistance. Digitize everything to do with government, make things simple for mental health sufferers. Provide assistance for example for someone like myself - running a sole trader business while suffering from mental health issues - Victorian government has no grants for micro or sole trader business with the owner suffering from long term mental illness. Also when governments pass laws, regulations and so forth - they should have automated questions that filter any laws based on mental health: "How is this regulation or law affect those who will be affected - in terms of their mental health and wellbeing?" Also the ambulance, police and fire brigades needs more training on dealing with mental health in their processes, interactions and regulations.

### **Reducing stress for mental health sufferers:**

1. Allow mental health sufferers sign permissions to share their medical history - if they choose to - and allow it to be stored on MyHealthRecord to allow for simple transition from medical professional to another and during emergencies. So that everyone in the medical world that interacts in the process of treatment/recovery throughout the sufferers lives can contribute to the history, learn from it and improve outcomes. I hate to have to repeat a painful history of my mental illness over and over - its painful every time. I rather focus on treatment and give mental health and medical practitioners that I interact with all the data and history they need to treatment quicker and focus on the beneficial side of things.
2. Reduce the amount of paperwork sufferers have to go through by having a mental health concierge or mentor as it were. Someone experienced in government assigned to look after my mental health treatment and helping me access whatever resources they think might be useful. Mental health is like cancer it keeps eating away at the soul - so sufferers just need to focus on recovery rather than paperwork.
3. Increase funding in multi pronged treatment plan: medication, psychologist, psychiatrist, other treatments: mindfulness, group sessions, transcranial magnetic stimulation (TMS - make that available across the state (I was participating in this - its very beneficial and there have been trials in Alfred and its got medicare numbers now). Also provide funding for at least 3-5 remedial or acupuncture sessions to treat mental illness, give sufferers herbal options to medication (conduct more research into cannabis, other powerful herbal treatments and subsidie those that are effective)

4. Include clinical depression and anxiety disorders in NDIS scheme. Then we can get access to extra support and treatments

5. Provide extra support and counselling for those with mental health illnesses and on unemployment.

Much more than this but this would be a start.

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

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Nothing is working well.

CAT assessment teams in hospitals - they need to reduce the parameters before they can assist. Meaning: A friend's father told me he had to exaggerate his son's condition a little when the son attempted suicide to be taken by CAT team to triage his sons suicide attempts.

Personal concierge / mentor needs to be assigned that will visit someone who has attempted suicide - parents or friends can arrange it. It has to have the human touch, caring support to help the patient to connect them with the help they need. Especially for those living alone without a lot of friends or family.

As mentioned above business, government and education sectors have to have policies, procedures and processes that aim to prevent suicide on all levels. In Education sector you need a trained psychologist at each school campus to deal with complex issues that could then prevent suicide outside school. parents are ill equipped and cash strapped. In Business - treatment of workers who tell their employer they have a mental illness is poor. My previous employer made me redundant because I asked to reduce my workload due to my mental illnesses aggravating and I had psychologist letter to prove it.

Hard subject - but every sector of the community needs to be part of the prevention and dealing with suicide.

## **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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**Clinical Depression:**

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**Issues:**

- a) Sufferers tend to gravitate towards negative thoughts,
- b) loneliness can aggravate this especially in the evenings when they are alone at home,
- c) additional treatment approaches are expensive such as acupuncture, mindfulness, hypnosis, herbal approach, relaxation (such as peninsula hot springs costing \$80 during winter), TMS (transcranial magnetic stimulation) excellent drug free treatment of depression is inaccessible but very effective - Im one of the test subjects in trials years ago and still have positive effects, lack of art therapists (all overbooked - big demand).
- d) So access, cost and lack of human support is a problem. How about a concierge or sufferer assistant as a single point of contact for everything - then they handle all the paperwork, they do the calling around, searching and they also act as a support to the sufferer? So that the sufferer can focus on treatment recovery and survival.

What about a clinical depression social chat line specifically for a particular sufferer - so if I'm feeling lonely I can ring a number or chat via Facebook messenger with a trained counsellor who asks me what's my details - Im registered with them by government of course - and its not a suicide hotline where everything you say is a trigger for them saying dont harm yourself - instead its a loneliness line where I can just chat, share my thoughts without any reprisals - like the confession box in church - total confidentiality.

Also at least 1 visit from a counsellor to my home monthly to chat, help around the house. A friend of mine who has clinical depression and many friends that do struggle with housework when their depression is bad.

It would be great if government provided 1 house cleaner session per month or every 2-3 weeks to help keep the home tidy. This is so important to wellbeing but so hard to achieve.

Help with sleep management - as depression and sleep disorders are often related and aggravate the depression.

**Anxiety Disorders:**

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1. For low income earners and on mental illnesses - give them access to a gym membership or F45 classes etc. Good for mental health management. Maybe also one pass to the swimming pool a month
  2. Acupuncture, massage and hot springs/spa access per month for those on anxiety disorders. Those on low income need it but can't afford it.
  3. TMS in Alfred should be approved and expanded and rolled out across the state as TMS has huge benefits to anxiety disorder sufferers. I participated in the trials and still have benefits permanently in having a lot less panic attacks.

**Aspergers Sufferers:**

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1. 50% of my thought processes are aspergers like - more support for people with that are needed and funding to better identify them, treat them and support them. Lack of funding and support for spectrum sufferers.

2. Social interaction training classes - something I sorely need - teaching me the basics of human interaction and learning in practice sessions on for example how to talk in groups if you have aspergers. etc. That's missing - lack of this adds to my isolation and problems socially therefore feeds things like depression and anxiety.

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

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Local councils haven't got a clue how to handle mental health in their community. There needs to be a "chief psychologist" in each local council. There needs to be local programs dealing with mental illness for men, women, children and teenagers.

Lack of parks, bike tracks, recreational facilities to help get people out of homes. Isolation of the community.

Some communities have very low socio economic level so they can't afford the things that wealthier suburbs can afford for wellbeing - so things like Peninsula Hot Springs should not be allowed to charge \$80 during winter which makes it inaccessible to the poorer. Its under lease from government. Government should control the costs of access to such wellbeing centers or revoke it and manage it themselves. More such wellbeing centers are needed.

In Europe, Poland there are places called Sanitariums that are partly funded by government - they are in effect like the ancient Greek healing centers. Where patients detox, massage, restoring sleep, acupuncture, heal, hypnosis, herbal, healthy diet, drug detox, group sessions, spa, sauna, mineral hot springs like the Peninsula ones, bush walks, psychologist everything to regenerate and help them heal. In Victoria there is very little of those. There needs to be government funded retreats in nature where such holistic approach to mental health sufferers whether they can escape once a year - funded by government - to heal and to help them manage their recovery - they should pay for it based on their income bracket so poor can also access it if they have a mental health disorder. Often sufferers of clinical depression are in a cycle of never being able to go on holiday or recover. Peninsula hot springs should not be allowed to jack price up to \$80 during winter and more such places need to open state wide as it helps to improve wellbeing and help manage mental health.

Training for friends and family - so they are trained by professionals on how to assist sufferers of mental health and thus improve their wellbeing. Parents and friends have no clue what to do and often they are one of the best resources and are willing with a bit of funding from government to fund at least one close friend family member to receive free training.

Dedicated mental health treatment clinics needs to open as a one stop shop for wellbeing. Low income sufferers of clinical depression and anxiety disorder need to get subsidized sessions with all sorts of specialists to help in their recovery or long term treatment.

Much more research needs to go into finding ways to help sufferers of clinical depression, anxiety disorder and aspergers and based on the research provide treatment regimes long term for those on long term illness.

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

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1. Provide a free training course so they can be taught how to help the patient around home and personal life
  2. Give them the resources they can use to help the patient in private life.
  3. Have a support line for friends and family of sufferers so they can consult and be educated on what to do.

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

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1. Open up the psychology and psychiatry sector to allow for immigration to encourage worlds top mental health specialists to move to Victoria.
  2. Provide incentives on a results based basis to reward good practitioners -reporting
  3. Help startup psychology clinics with incentives.
  4. Help psychology students get the experience they need by allowing more interns in hospitals and clinics and encouraging it. And reducing the amount of years they need to gain experience to start working in the industry.
  5. Fund mental health research in hospitals and universities in Victoria to bring the very best treatments and quality

## **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?**

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1. Free group sessions for learning social interaction, subsidised costs for entertainment places like Peninsula Hot Springs for mental health sufferers, Snowfields, ice skating, swimming pools, massage, gym, other outdoor activities subsidies for sufferers to get them out. Financial assistance regarding all these additional things that can help treatment and management would go a long way, for example regular exercise can produce serotonin in the brain.

2. Fund art therapy centers across Victoria and allow sufferers one free pass per month for classes. Very beneficial.

3. Help people like myself financially when starting a business and having a mental illness - I'm a NEIS graduate started my own IT Startup while suffering from long term mental illness. NEIS doesn't have any funding to help me with work tools, neither does the disability employment agency, neither does government grants they focus on employing disabled and bigger grants for million dollar businesses. No grants for micro/sole traders with mental illness starting a business. Assign a business mentor to help me with funding to help me get off the ground.

4. Fund and work with Alfred to roll out statewide TMS - transcranial magnetic stimulation - accelerate the research and get it accessible to the public. It would mean I don't need to take as much medication if at all with these treatments. Especially accelerated TMS.

5. Research and workout what else can be done to help those living with mental illness to improve their social and economic participation. Such as someone who can come over once a month, help me around the house, go for a walk with me and help me engineer ways of dealing with the everyday problems of long term clinical depression.

## **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?**

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1. Reform management and prevention of mental illness in Business (workers), Education (students and teachers), Medical (patients) and Government (people seeking welfare aid) sectors. Whole of society shift on approaching mental health from preventative rather than triage/reactive based approach. This will save lots of money and yes mental illness to some degree can be prevented or managed early on to not let it aggravate to more serious problems.

2. Supporting businesses with workers and business owners with mental illness with extra funding to help keep workers and business owners particularly like me sole traders who have mental illness - to support them financially and psychologically through free counselling and other means.

3. Shift the CAT assessment teams to be proactive agents, give them powers, funding and train police, ambulance and fire brigades across the board on how to properly deal with those suffering from mental illness. Otherwise you will get this that happens in the USA where an Australian woman in nightgown suffering from mental illness is shot because the cop assumed too many things. Public services should never aggravate mental illness - they should contribute to the prevention of it.
4. Create a concierge based service for every sufferer on a mental health plan with long term clinical grade illnesses including clinical depression.
5. Research the best ways to change the system as well through academic experts, sufferers and mental health practitioners as they often have the best ideas. Politicians haven't got a clue about how to create a good system - it should be bipartisan as a result.

## **What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?**

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1. Start sending GP's to mandatory mental health group training on triage, prevention and give them all the details they need to connect them with all the local mental health services and be able to pick the best one for their patients.
2. Create a statewide feedback website to name and shame bad mental health practitioners and reward the good ones.
3. Meet with business, education, government and medical sectors for round tables on how to prevent and address mental health in:
  - workplace
  - education - students from kinder to uni
  - welfare recipients
  - patients in the medical industryThis will then help the inquiry and government on working out what all these sectors need to implement address urgently and long term to prevent and deal with mental illness, including clinical depression, anxiety disorders and aspergers.
4. Consult with local councils, state departments, state government and other governmental bodies in roundtables to workout what they can do now to improve and prevent mental illness.

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

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