

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

Organisation Name

N/A

Name

Ms Amanda Place

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

"Workplaces need to embrace some of the excellent material available from Beyondblue to ensure staff with mental health issues are safe and respected. While men over 50 are leading the nation in most positions of power, we have a problem. Very few CEOs, COOs, or others within that demographic have a deep understanding or respect for the needs of staff living with 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?

"1. More free psychology sessions need to be available - maybe in schools - and in the community to ensure people dealing with a mental health issue can access early intervention. My daughter could only see the one school counsellor (in a school of 1200) every few weeks. As a sole parent, it was very difficult for me to afford private psychology sessions and my daughter was deemed to be too young to take an anti-depressant. 2. When my daughter was suicidal, we called for a CAT team and none showed up. We were then told by phone to drive my daughter to emergency. We begged her not to jump out of the moving car. Nightmare scenario. We then sat in the waiting room for five hours with her sobbing, until 3am. Eventually a team member from the crisis assessment team saw her....and sent her home. I suspect this is a typical story. We need more CAT teams. We need more inpatient beds, away from the facilities for people who are psychotic."

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

Please see above. More staff needed to prevent and to treat.

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.

"The school system is so antiquated that it cannot cater for individual students' needs. Sensitive children, like my daughter, are really on their own, struggling to swim against a tide of mass produced education. Also, there is little in the way of mental health education in secondary schools. This education could be combined with psychology and philosophy to meet the spiritual (not religious) needs of teens who are seeking answers and discovering how difficult life can be. More school psychologists would help link children into public health services. In terms of inpatient care: a more creative approach is required that taps into nature and some of the basic human needs for mental health. The inpatient care facilities are clearly designed to prevent suicide but break the spirit due to their soulless and penny-pinching designs. For example: [REDACTED] was admitted to the [REDACTED] and spent three months lying in a bed. As she was on large doses of anti-psychotic and anti-depressant drugs, she put on a huge amount of weight and was heavily sedated. The food was stodgy and carbohydrate rich, adding to the problem. I can't begin to

explain the depressing environment. Blank hospital rooms, futile, infant-like art activities, brief walks around the streets, no access to sunlight unless sitting in the smokers' ""cage"". When [REDACTED] was discharged, she was told she could not be readmitted for one week, even if she needed to come back, unless she self-harmed. Once home, she wasn't coping and so self-harmed to regain admission. After another inpatient stay at the [REDACTED], [REDACTED] was once again lying in a dark, empty hospital room, looking out onto a wall. It was very clean and efficient but absolutely soul destroying for her. She was given a small plaster model to paint - an activity for a five year old. Food was appalling and once again, carbohydrate rich, leading to more weight gain over a five week period. No access to sunshine. Her psychiatrist was skilled but was clearly only concerned that [REDACTED] was not suicidal. All other symptoms were dismissed as insignificant. We need to build facilities that provide access to parkland, healthy food production, exercise, access to pets and holistic-minded health professionals. Of course, the medications need to be provided and legal requirements to protect lives need to be met, but we could learn a lot from facilities in Boston and in part of France."

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

"I'd like to turn this question around and refer to a small community that is doing a magnificent job, managing the mental health needs of its community. The public health system is excelling in Lorne, where community nurses and other allied health carers are in regular contact with people at risk. Mental health is maintained through group and individual activities, weekly connection with those at risk, and by celebrating community. The men's shed is thriving. A carer's group for elderly carers (and widows) meets monthly. The community house reaches out to people of all ages, bringing like-minded people together. Committed GPs are at the centre of this thriving support system. It really is a microcosm of exceptional care."

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

"Financial support for my daughter through something like NDIS would've been very helpful when [REDACTED] was unable to work. I was placed under enormous pressure to provide finance to keep her rent paid and to pay for her expensive medications. Her private health insurance needed to be paid for, as well. In acute situations, some sort of emergency fund would offer peace of mind for the patient and her family struggling to meet her financial needs. I saw a psychologist under a mental health care plan, though 10 sessions was not enough to meet my needs. It would be so helpful to extend these to 26 a year."

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

N/A

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?

"Following discharge from hospital, and while living in the community following a major episode, it would be very helpful if a service like NDIS could help people re-integrate into the workforce. [REDACTED] didn't qualify for NDIS as she was not prepared to declare on the form that she was ""permanently disabled"" as it was too confronting to contemplate. Epworth social workers were not available to help her after discharge so she was very much on her own. Extraordinarily, my workplace, a

mental health research institute, sacked me for contracting my daughter when she first came out of hospital. I asked [REDACTED] to do some very simple content management on a website. She performed the work well (as an arts graduate, she is an excellent writer). My manager knew I had hired [REDACTED] and was happy with this arrangement. However, HR management decided I had a vested interest and accused me of failing to declare this. My fragile, beautiful daughter was horrified when I lost my job for a "serious misdemeanour". If a mental health research institute can't understand the complexities of recovery, who can? See my earlier comment about workplace education of older men."

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?

"More funds for mental health RESEARCH. We need to address the biology of mental illness before it occurs by understanding the mechanics of the brain and medications that may change its responses. Better prevention and treatment are essential. One psychiatrist told me there have been no serious improvements in anti-depressant medication since the seventies. Medical research is the key. I would like to see inpatient facilities that nurture the whole person, rather than facilities designed to meet their "legal obligations" to protect life. Access to nature, healthy food production and preparation, animals, exercise, optimistic carers and visitors who would help the patient stay in touch with the real world, learning skills at the same time."

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

"See last answer. Maybe build a new facility like the Victorian Comprehensive Cancer Centre that combines in and outpatient care with research. A beautiful building dedicated to our most vulnerable, thriving in its attempt to improve the lives of today's patients while also preventing patient admissions of the future."

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

"Government systems need to be easier to navigate for people living with mental illness. It was simply too difficult for [REDACTED] to negotiate with Centrelink or NDIS following major episodes requiring inpatient care. There was no one to help her do this and she was too unwell to manage a two hour wait on the phone. I was placed under extreme financial pressure as I carried her for two years. "