

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

SUB. 0002.0015.0013

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

"more mental health clinician/ CAMHS interface in schools for all headspaces which has all to money for kids to follow similar accountability as public mental health due to there being a huge difference between each service also reciprocal relationships with CAMHS and Headspace stop changing all the language, a person in hospital is a patient, a person using the service is a service user simple advertise that GP are the first port of call"

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?

"feedback from kids is the online chat is helpful but I believe this is done in non public mental health services having GP hubs that specialize in mental health also the "'one stop shop approach' for GP clinics, drug and alcohol and kids"

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

"having PAPU crisis containment is a calming environment seeing PAPU beds on acute wards, treated like another acute bed private hospitals subsidizing fees for patients "

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.

"I see burnt out clinicians working on the front line for access to mental health, knowing someone is assessed by them there going to have a poor ax and outcome clinicians have minimal feedback and accountability, we all have bad days but sometime we are the first people we see Private psychiatrist not being regulated, patients having multiple diagnosis, sent to ED to have urgent ax, not meeting criteria for a bed that was promised by a PP, difficult for us to manage but poor experience for the patient unrealistic expectations of the public, of what they can expect, most people want a table to fix but nil psych doctors based in ED"

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

limited availability of good clinical psychologist that don't cost an arm and a leg

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

"having respibite especially if the child has a learning disability, very limited crisis response or if any resources out there increasing amount of parents wanting a pill to fix the kid and asking for in home practical ax and support"

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

ability to work long days opportunity for progression to staff with clear competencies you need to achieve to work in areas be less medical model and more nurse driven

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?

"centrelink/ employment support based in community health teams also possibility to transition the benefits to wages so no time without money, benefits stop as work starts and people don't often have savings to manage the weeks in between, also significant pay difference"

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?

"to decentralized northern triage, unrealistic time waits, multiple complaints from staff and clients especially if your trying to get information from them better sharing of information, upholding of patient management plans between services clear government guidelines of when a service should accept someone moving into area, and shared care whilst transitioning, so often see receiving service refusing to have any responsibility until client is in area, uncertainty causes client to deteriorate and poor outcomes stop changing models of care, as it cost money and doesn't work world wide, acute ward, CATS, case managers, assertive out reach and YEPS work all mental health services to have electronic notes"

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

"clear information to front line staff, "

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

not right now