

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

SUB: 0002.0016.0068

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

"The mental health issues need to be openly identified and spoken about especially the early stage triggers, treatments and monitoring. There is a real stigma around mental health people don't seek treatment until a crisis arises. Once people are in crisis care is then available through the medical system, people are then treated with very little respect mental health people in the hospital system are treated like a criminal the default position is that they may be dangerous until otherwise proven. This treatment and the facilities that cater for care in this way are seen by all outsiders as sad places, the people are seen in their worst state as they are suffering from mental illness and the drugs used to treat it. This form of care is degrading and once experienced it even looks bad. The community needs to be more recognizable of the stresses that cause mental health and the compassion needed to help deal with the issues every one faces at different times in life that can push you beyond normal coping. (Most places seem to be more worried about the look and or the [possible issue they may have to deal with than helping the sick people) Instead of asking what can be done to help and placing you on a waiting list have forward planning and review and tell people what resources are available to help and help allocate the correct resources for the stage of treatment be proactive. "

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?

"We have seen very little work well. Sadly there is no follow up from Hospital and like following any trauma, death, serious injury, prolonged care etc. Early assistance following any trauma or like would go a long way to reducing actual serious mental health issues. We only treat people in the system once they are in crisis. Even following care and treatment there is limited if support once the person is functioning and not at harm. The cycle then starts again limited treatment until the person then has another crisis and the [process starts again. "

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

"There is very little that work well the system actual traps people as its the only support they can get and when they are in crisis the response is fairly major and I have no doubt this intensifies the patients anxiety, responses and self belief issues. People need follow up issues that causes suicide could be as simple as a medication issue or a stress issue that when reviewed can be assisted or change to avert the suicide attempt at a later time. Sadly people think they are a burden on family and society as well, especially when services to give mentally ill people help or people stressed by worldly expectations cant access help. They feel like they are a failure and suicide seem like a cure to all their issues."

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.

"None of the mental health practitioners seem to work together well. To find or get a referral to someone who can help is near impossible. In early stages we called over 100 practitioners only to be told they do not treat people with those kinds of symptoms or they are full and can't take any patients or you will have to go on a waiting list currently over 3 months. None of these providers are able to point you in the direction of the best person for your illness or care needs. Hospital care is like a prison people aren't treated respectfully and each time you present it as if you have presented for the first time, the hospitals don't seem to collate the external information or practitioners' treatment and seem to want to start from fresh every time leading to great stress and extended duration in care. Mental health people are turned away from hospital as there are often not enough beds, it is not acceptable to sit in casualty for a day at a time waiting for a bed and treatment. The system is so disjointed that external providers are limited to how long they can treat you based on a preconceived government time line and or age. Eg our daughter has just ceased care with her provider of 2 years as they have a 2 year time frame, she has also turned 18 and must now go from the children system into the adult system. There has been no pre arranged hand over, no guidance no booking to new care providers she has basically been dropped. We now have to start calling new providers of our own back and go through the waiting cycle and new reviews and like."

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

"We live in the city and have very limited mental health access really compared to what is available for medical issues. Rural communities would have even less access and is really subject to funding this seems to stop and start any time the government wants and funding is moved around just because a politician promises something, it's give with one hand and take from another. "

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

"Family members need to be updated re diagnosis and care. Long term planning with families needs to be put in place. Current planning is short term and families seem to have to deal with crisis to crisis instead of being able to make some long term care and life plans. Families are the tie in between schools and the medical practitioners there is no real direct support to schools or third parties to help with the understanding and day to day needs for all parties. Families need more one on one or couple support with people who have been through similar diagnosis and life changes. To know what to expect long term and like, this can then lead to the other services as needed like some respite care etc. People with mental health are often unable to function well outside of the family home! This leads to greater stress on families and depression for the mentally ill person, more could be done to help align outside activities and like so that the patient feels like they are functioning, have better health and have less time for stress and like to develop. A good example is regular exercise through the gym or being part of a club or sport team even voluntary work. In our case my wife has had to give up work to care for our daughter, she no longer contributes to her super, our household income has reduced and my wife gets stressed due to having to be the driver and primary care for all medical and like appointments some days it can be relentless driving all over town. (Some respite and help in any of these areas would relieve a great deal of family stress) "

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?

"One of the main issues we have seen re the Mental Health Workers own health and their productivity is that they are continually working in crisis mode. This can not be good for their health and it also affects the whole system as they are reactive instead of proactive. We have had around 25% of our appointments and or care cancelled or rescheduled due to other reactive issues they have to deal with as a priority. It would be good to see the care developed around individual instead of a system, the care givers could then maintain schedules, peers should be prepared to step in if the primary practitioner can't make it and additional support given when someone's health needs escalate to help the primary practitioner manage the care and maintain other client care needs. "

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?

"We have seen very little help, training and schooling is limited and if the person loses time due to an episode or like then the time has been wasted as they either drop out or have to start again. Employers are not encouraged to employ people with mental health issues and why would they help if people due to illness struggle to work regular hours and like. More encouragement and possible financial support could be given long term to employers who take on people with Mental Illness to assist with the lost time and productivity issues. More could be done with Local medical providers as well as early intervention could stop issues from escalating if a mental ill person could go to a mental health provider as easily as you can go to a doctor when you have a cold the severity, anxiety and outcomes could be greatly improved."

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?

"Normalize the treatment of mental health when a person presents and needs help it should be no different from being referred to a specialist or therapy provider than it would be for someone open with a knee injury or like. The hospital system needs a full review if people present with a mental illness and are not a danger they should be treated the same as others. The whole hospital process for mental health is stand of not caring and can make some people worse. I know when we have had to take our daughter into hospital it breaks our heart to put in that kind of care, it also makes her feel like she has done something wrong. Medical practitioners and Hospitals need to assess people for stress and like when ever given care as family death, major trauma, life change or like can be a precursor to mental health. Opt and give support and care early to avoid mental health issues arising. Be prepared to step in early as things change and be able to access resources correct for the individual! eg instead of sending everyone to the same place have specialist places that deal with certain mental health issues (They can then be a specialist center of excellence for the illness instead of having to be a jack of all trades). "

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

"Take stock of all the providers and services available, capture all of these providers on a data base and start a process of mapping the services and what they offer. Develop and complete new structure that shares all of the resources so that people's needs can be personalized and catered for. Develop specialized treatment practitioners and programs for certain diagnosis and needs. Develop in school support system both for public and private schools. Identify community groups

and organizations that offer non medical support for people with mental illness. Change the impatient system so that mentally ill people can be assessed and access medical care in a normal environment and have family help and support where appropriate the same as any other ill person.

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

"Families with mentally ill family members need to be fully involved in treatment and care as in many cases the patient does not have the ability to understand or care fully for them selves. If families aren't informed and don't know what the care is they are limited to be able to help, they are normally the closest to the patient and are ideal suited to help if they know the diagnosis and treatment. We have found the in patient system through casualty to be a completed nightmare we have sat in the medical room for 24hr for a bed with minimal follow up once the bed isn't available. We have been given a choice to go home as beds aren't available anywhere in the system even though our daughter needs help. The hospital in every attendance has asked us what care option we want to receive as if we are experts in mental health??? I really wonder if they actual have any idea!!!! Also on a particular occasion during in patient care our daughter had an episode and had to be conveyed by ambulance to the emergency department ay 11.30pm in another hospital. When we arrived the emergency department did not have the medical records when we queried her health and issue we asked to leave the room or be escorted out by security. This was not a very good treatment for 2 adults stressed out about their daughters well ness, especially after the issue that had arisen through the medical care and subsequent emergency transfer. We did leave as requested and around 5 minutes later the casualty staff came and apologized they were stressed and had reacted abruptly. This made my wife break down and showed that they really had no care for the support family. We have been asked if we would like information re support for families from the hospitals and careers and have asked for this. We have never received and specific assistance help only ever issued with details for life line and beyond blue. We have never contacted wither of these groups as see them as crisis help not some one you call for some general support and or programs. "