

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

Organisation Name

N/A

Name

Mr Jay Pollard

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

"Keep talking about it. The stats speak for themselves on how many people are affected directly and indirectly by mental health issues. Early intervention is key. Educate children and teens on how to self-identify if something or someone is not OK and empower them to reach out by providing clear pathways to support services that can actually support them rather than tell them they'll be able to sort it on their own. If not for my friends, post my last attempt to die, I shudder to think where I would have ended up. Work with existing services to ensure they have the funding to meet their clients needs. The dollar value in early prevention and adequate support services is significantly less than the cost to society as a whole."

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?

"I can't speak to this. I have to manage my situation independently because each time I've reached out for help, I was shunted to the wayside. I struggle to speak openly and honestly about how I'm feeling and when confronted by the system I shut down and put on a shiny, happy face to avoid the cold probes of "'are you crazy enough for us to spare our budget on?"". I'm (relatively speaking) one of the lucky ones because I'm still alive and functioning well enough to write this."

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

"We tend to view suicide as the end result of a short, rash decision. But it's an unfortunate outcome to that decision they were unfortunate enough not to survive. A decision led by a long build up. The best thing for most people is to be listened to empathetically during that lead up, to know that they are not alone in their experiences and that it's temporary. As an LGBTIQ person who has experienced physical, sexual assault and emotional abuse - I'm alive today by accident. If I'd relied on the system as it is, I'd be dead. I was lucky enough when my life imploded and I'd lost everything, to have had some good mates to keep me breathing. I was lucky. It came at great cost to them and I'm grateful. It's years later as I'm still sorting through the remnants of my life that I recognise that if I'd had a trusted mental health professional within my budget, who I was comfortable with - the outcome would have been vastly and more positively different. I'd likely still have my home, my career and be a better contributor to our state. I still struggle now, but I have the mechanisms in place to stop the slide down the hole. I don't know if I always will be able to and I fear for my future in case there's a day when I need that help again. I'd rather die than have to lean on my friends again like that."

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.

"In a perfect world, if someone was brave enough to reach out to a professional, (most likely a GP)

who'd make sure they had somewhere to go to get treatment. It took more strength than anything else in my life to speak to my GP when I was at my darkest and say that I'm in trouble and need help. I was unemployed, having quit my career due to what I know now to be a sign of severe depression and was entering poverty after a failed suicide attempt. I had to call places to find someone to treat me who needed payment with money I didn't have. I explained this and she called the mental health unit who came to my home and told me that I was OK enough not to need their services. I tried to hang myself that night because I just needed a light at the end of that dark tunnel and no one could give me a clear path forward."

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

"Poverty is a huge driver. We have a manifestly imbalanced system of inequality - I'm grateful for our state government for investing in infrastructure, which drives jobs, which drives the economy, which leads to better outcomes - but we are one state among 8. Our federal government needs to step up. We know people who live in poverty (or functional poverty as I'd describe myself on a decent wage for which my mental health services and basic necessities take up a big chunk) have poorer outcomes overall. It costs significantly more to care for an unwell person than to prevent that person becoming unwell. It's time for our federal government to step up and do their part in fixing a broken system. We are a wealthy country. Let's start acting like it."

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

N/A

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

Funding. Ensure that those on the coal front have enough staffing levels not to burn out. Ensure that services can interlink simply and easily.

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?

N/A

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?

Adequate funding and resourcing.

What can be done now to prepare for changes to Victoria's 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