

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

## **Name**

Miss Narelle Simmons

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

"Different referral system is required. Instead of patients going to general practitioners who often have little training in mental health, it would be more efficient and cheaper for every clinic to have at least one mental health nurse on staff to engage with patients and refer them to the necessary resources. The cost of accessing mental health services is excessive and deters people from seeking treatment. Fees need to be regulated as a Psychiatrist can essentially charge whatever they like. A standard fee is required along with a full Medicare subsidy for people on the disability pension and a 70% subsidy for those who are working. I have worked for the past 20 years and currently do not work, as I have reached a point where I can no longer function. During this time I was still unable to afford to see a psychiatrist on a regular basis. I don't know of anyone who can afford to fork out 300 to 400 per fortnight. The public system is a joke, the practitioners are underqualified and do not have the experience and knowledge to develop effective treatments. It is one thing to say to people to get help, however it then becomes a cruel joke when that help doesn't actually exist. Better training for mental health professionals, so that they have extensive client contact before they graduate. Having completed a psychology degree myself I know firsthand there is no work with clients in the undergraduate degree and very little in the master's and doctoral degrees, there is only a minimum of 200 hours, this is not acceptable. Most importantly legislation regarding access to psychedelics and MDMA needs to change, to ensure the public have access to these substances. The current medications do not cut it, with only a 30% efficacy rate in excess of one year of treatment. Research is very limited because of the restrictive legislation, obviously none of these substances will be made available until clinical trials can be conducted, please ensure that restrictions are lifted for researchers. The restrictive legislation does not protect people, instead it causes more stress because we are unable to access treatments that may actually work for us."

## **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?**

"Nothing is working well at the moment from my perspective. Asking people with mental health conditions to participate in improving the system is a step in the right direction though, provided that the advice is used."

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

"I have never felt comfortable revealing when I have been suicidal due to the fear of being committed. Patients require reassuring that anything disclosed to a mental health professional, will not be used against them to restrict their freedom. The authoritarian nature of the field is not conducive with honest and trust. If trust is established then the client is more likely to open up."

## **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 have already answered this question above.

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

"Language barriers, distrust of system and lack of ability and training of many practitioners. Get rid of all the forms and bureaucracy and focus on the individual. Remove the KPI that is often used for funding and use a qualitative approach instead, it is more effective."

**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?**

"Removal of bureaucracy and better pay. I was a support worker briefly and it was awful. I didn't feel I was helping anyone at all, as the focus was on filling out paperwork instead of spending time with the client. Funding was provisioned based upon shallow questions such as whether the client contact was face to face or over the phone. Qualitative analysis would be more effective in determining what services are required and whether they are working."

**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?**

For me personally I cannot see how any change would be effective in the current climate. Wider societal changes need to occur in the form of changing the way in which we work. Jobs that allow individuals to work from home will help immensely. Utilise the technology that is available.

**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?**

I have already mentioned what needs to change. The emphasis should be on the cost to the patient and the removal of the need to consult with a GP in order to see a mental health professional.

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

Allow researchers to do what they need to do. Get rid of the antiquated mentality that prevents exploration of new drugs and treatments.

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

Please listen to the advice you receive and action it.