

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

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

"Greater funding would allow more people to be served by Victoria's public mental health services, thereby reducing the stigma associated with accessing public mental health services (currently they are serving only the most severe cases, often only the cases who may qualify at some point for involuntary care). Additionally, further funding would allow people to have better access to appropriate treatment - currently, unless you have funds to access private mental health, only the most severe patients will be able to access any psychiatric care. This means there are many people who cannot access appropriate care, and remain unwell in the community, which increases stigma and discrimination, as mental illness is thought of as not getting better, or hopeless, by many people. Increasing access to help will also allow those who have recovered to share their stories eloquently with family and friends, improving understanding in the broader community. As well as allowing access to a portion of the population UNABLE to receive help, increasing funding will also attract workforce to services, reducing burnout among current staff, who feel powerless to provide adequate assistance to current clients. General hospital (aka consultation liaison) psychiatry is a severely underfunded subspecialty in Victoria. Compared to similarly sized states, services have less FTE/number of beds, for services that are often busier. Improving funding, and increasing FTE within these services would allow patients with mental illness to be seen more promptly, and reduce the stigma/discrimination initiated through patients, medical staff, and patients' families, seeing mentally unwell patients suffering within the general hospital. "

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?

"See above answer - early treatment and support can ONLY be obtained if there is adequate infrastructure/resources to provide this early treatment and support. Currently our mental health system is vastly underresourced. The extent of this chronic underresourcing varies, but in all sectors, resources could, and should, increase. Crisis Assessment and Treatment Teams appear to work well, though again, the demand is outgrowing the current infrastructure, which will need to grow with our population. Eating disorders services are only readily accessible in some areas of the state. Centralising these services to 3 centres has made them less accessible for many patients, and has limited the skills development of a large proportion of the mental health workforce. They are also hugely underresourced, particularly for inpatient admissions; it can be near impossible to access beds for inpatient admission. Eating disorders patients characteristically have poor insight, and many can go unnoticed for long periods of time; once noticed, people need urgent lifesaving and changing treatment. The Centre for Excellence in Eating Disorders should be expanded to allow practical secondary consultation onsite at hospitals without specific eating disorders services, preferably with psychiatry FTE available. We have a dire shortage of inpatient bed availability for all mental health patients. Community mental health teams are underresourced,

often leading to difficulty attracting and retaining staff, and low morale. "

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

"Again, the only way to prevent suicide of people suffering from mental illness is to increase resources to mental health services, allowing care to a greater number of Victorians."

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.

"Again, our public mental health services are only available to a small proportion of the mentally unwell in our community. This needs to change to allow people to experience good mental health. Particular areas of concern are general hospital psychiatry and eating disorders, where staffing has not changed at all in recent years, despite hugely increased demand."

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

Resources Lack of attractive employment opportunities for staff

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

Family members and carers need: 1. For their loved ones to receive the best possible mental health care 2. To receive education and support to allow them to continue being strong supports Neither of the above are well supported in our current climate.

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

"This all relates to funding of mental health services; more funding will allow better work conditions, leading to less burnout, safer work environments (patient:staff ratios, physical environments) would decrease amounts of work-related injuries (mental or physical) Peer support workers, in order to be effective, need to be mentally well themselves; better resourcing of mental health services often caring for potential peer support workers, would also attract more peer support workers."

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?

"Social and economic participation is often very difficult for our most severely mentally ill. There are inadequate accessible vocational rehabilitative services. Economic assistance is often very difficult to access; navigating the system is often too complex for our most severely unwell. Unless patients have supportive families, they often go far too long without realising these opportunities. Enhanced funding of mental health services will go some of the way to improving social and economic participation for clients, but vocational programs should also be funded- similar programs to those that previously existed where patients could learn skills in a sheltered environment. Appropriate housing is often impossibly difficult to find for certain clients, particularly young people with cognitive impairments, who require supported living, but who may be excessively vulnerable within existing SRSs."

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?

' - General hospital psychiatry - needs attention and allocation of resources - Eating disorders services - need to be more accessible to a larger number of Victorians - the current centralised services are too difficult to access for too many patients. The remainder of Victorian mental health require improvement in skills in this area; this could be provided by CEED or a similar service tasked with secondary consultations. - Adult community psychiatry - Adult inpatient services

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

"Comprehensive consultation and prompt communication about changes to staff, consumers and carers."

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

N/A