

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?

"To recognise that sometimes people are unwell, but sometimes they can function normally. My son finds it hard to hold down employment because sometimes he is unwell, but most of the time he is okay. This has really limited his opportunity to lead a normal life and he cannot really hold down employment. If people with mental illness could access additional sick leave so that the employer is not left out of pocket this might help."

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?

"Working well - media awareness of issues, access to information online. The use of Skype (phone) consultations with his specialist in Melbourne. Done better - better access to professionals for acute mental illness times. We are at least 2.5 hours away. Trying to transport a person in psychosis is really difficult. We cannot rely on ambulance or police because of previous trauma. The best we can do is to get him in the car and drive him to hospital."

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

No comment

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.

The real lack of social connection. Mental illness isolates the individual from their peers with and without a mental illness. There is also a need for educating the mentally ill that others are okay as well. He really isolates himself from others that may have some sort of disability or mental illness. He does not want to be seen as hanging out with what he thinks are 'defective' people. He does not want to identify with others with the same issues. This is very isolating at every level.

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

Substance abuse..... substance abuse.....substance abuse. The use of sniffer dogs at music festivals and concerts. Making the abstract harm of drug use real to teenagers. Better access to acute services in regional areas.

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

"Increased access to carers leave to maintain employment. I had to leave paid employment to care for my son in the past 8 years, even though he is often well. As the primary carer I needed to be there when he was becoming unwell or recovering from hospitalization. This makes it hard for

me to hold down employment. Specific attention needs to be given to the siblings of a mentally unwell person, particularly if they are children or teenagers. Looking back now our sons mental illness has had an impact on our other children."

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

My son has ended up going with a private psychiatrist and psychologist even though he cannot afford private health insurance because of the churn of personnel through the public system.

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?

"Improve access to part time work and study, recognising the important role of TAFE in filling in some gaps. My son has been working on his TAFE qualification for years at his own pace. This has been really important because it gives him something to talk to others about. There has been a push recently to hurry him up, but this part-time flexible access is really important. There should be a special student category at TAFE that allow this type of student, so that TAFEs are not discouraged for helping students with a mental illness study. We will have a real celebration of his achievements when he finishes this course. Social participation is tough - often people with mental illness have to be in bed really early and need a lot of sleep. One late night can be devastating. Some sort of meet up type groups focused on a variety of interests (eg cooking, movies, BBQs) that happen during the day might help."

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?

"Improved online access for remote access to professionals. My son is often unwell on a weekend, holiday etc. Online access to advice would really help, and online access for carers. It would also provide confidential help when and where it is needed. A bit like the Nurse On Call service. Some sort of advanced care directive that allows us to talk directly to the professionals on his behalf. When he is psychotic it is really difficult for him to give consent for us to communicate with health professionals due to privacy concerns. Better access to psychiatrists, there have been times at the Bendigo Hospital acute mental health wards that even there, there are no psychiatrists for days. Police that are trained to deal with the mentally ill. We have had varying levels of professionalism in relation to the police, some of their conduct has had long term negative consequences that do not help when he becomes psychotic. "

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

"A place (channel/ person/ position) where carers can report (not a complaint but a report) about what has happened to the mentally ill person. We had a couple of situations that were less than ideal, but our son was not in a position to make any comment as he was mentally unwell. "

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

"Our worst event was when our son became psychotic and was outside our home on the road doing exercises in the middle of the road without his shirt on. It is a small local road out of town. Police attended and assumed he was on ice because he was behaving strangely. They surrounded him and told him to get down, he refused so they capsicum sprayed him, cable tied

him and put him face down in the police van. I witnessed this event. He then spent over 14 hours tied to a hospital bed with a police guard because there was no ambulance available to take him to Bendigo for acute treatment. This has had a long-term negative consequence because he no longer trusts the police, particularly when he is psychotic. It has made it really hard to involve the police in subsequent episodes, making us really reluctant to call police help when really we should."