

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

SUB.0002.0005.0018

Name

[REDACTED]

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

"I feel that there is a huge gap in the discussion around mental health in our schools and other organisations. I am a secondary school teacher and feel that we need to discuss and educate young people about the illnesses, challenges and diversity that is part of mental health. There seems to be this ridiculous idea that if we talk about challenging issues everyone will suddenly have a problem or try to harm themselves. I had a student say to me the other day that they didn't know what anorexia was!!! We need to support one another and be honest with young people, they are intelligent and capable. "

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 need to provide more community support for those struggling with mental health issues. There is so much pressure on people to succeed and to fit everything into a small amount of time, never making mistakes and without needing anything. This is crazy in itself. There is a significant lack of services and resources given the amount of need in the community especially in rural areas. There is also a fear of what will happen and who will know if support is sought out. Mental health needs to be treated on an even keel with physical issues, just because you can't see it doesn't make it less dangerous, in fact it is probably the opposite. Many mental health residential care facilities no longer exist but not all sufferers can live independently in the community. In my role as a teacher I see an increasing number of young people trying to care for parents with mental health issues, this is so unfair and the access to support is very limited and not easily accessible. "

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

"The only thing I have found useful to date is the home visits offered by Youth Mental Health in Ballarat, the visits themselves didn't really make a difference but not having to leave the house was good. We need to take people seriously when they say they want to end their lives, then if support is sought it must be taken on board. On two separate occasions I have been in the situation of having called an ambulance for my daughter. The first time was an overdose and she was 15 years old, the second occasion she was attempting to leave the house to run in front of a train as an adult. On both occasions the ambulance team and police were fabulous. However, at the A and E things went downhill, the first time I had to beg for them to keep her overnight after waiting for 6 hours for a mental health consult. The second time she was waiting for 4 hours and was told no one was free she could go home and someone would call in the morning. This did not occur and I called them, they said if she had a private psychiatrist or psychologist they couldn't be of any assistance. This must change, we are talking about the absolute crisis moment and this must be taken as the most serious and time of most need. "

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 think the amount of pressure and expectations on people is a contributing factor in mental health issues. We must teach our young people how to manage conflict and problems, the importance of self care and also resilience. I heard a new term this week 'bulldozer parent', this refers to parents who are clearing the way for their children to have no issues, problems and this means they don't learn how to 'cope' with life. In my experience two things can occur with mental health treatment, either there are so many agencies involved that the patient gets 'lost' or there is no communication at all between organisations. Often families are trying desperately to find the 'right' support or someone who will listen but this often falls on deaf ears or time poor workers. I think one issue is that roles need to be better defined, I often feel that we are having regular meetings for students but nothing new is happening. "

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

"There is a significant lack of services and opportunities for recovery in many rural areas, in particular the Western district and North Western district see to struggle with substance abuse and mental health. There needs to be a strong emphasis on mental health and drug use in rural areas and a program of supporting your mates."

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

"There is a huge list that goes with this, in particular when dealing with the mental health of adults carers and families have no contact, power or ability to make decisions for their loved ones when needed. When my daughter became ill and needed medical care I had some input and knowledge then her birthday came and overnight everything changed. At this point the law said that a doctor who had never met her before was better suited to make decisions about her care and needs than I was and further that I had no right to be informed about anything to do with her care. Family members must be able to have some understanding or input in these situations. They are often the ones dealing with the addiction, violence and breakdowns when they occur. Families must be informed when a loved one is released from acute psychiatric care etc. We should be able to make sensible and informed decisions for our loved ones. "

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

"These roles must be selected by those working in the roles, we cannot allocate people and expect things will run smoothly. In many situations the people best suited to these roles are those that have been on the other side of the desk. Advertising or promoting these roles must be done in an honest, open and thoughtful manner. There is no point sugar coating a huge area of issues, burn out and emotional problems. "

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?

More education needs to be generally visible on television/radio etc to show the value of employing and engaging with the mentally ill. There has been a huge presence of this in the area of disability and this should be across the board for anyone with a deficit. We are all different but

this also means we have different strengths and things to offer.

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?

"The mental health system must recognise the need for those that are unwell to be heard, believed and to have a say in their care. I feel that there is a great deal of support for well known issues, depression, anxiety, bipolar and schizophrenia but lesser understood issues like borderline personality disorder and eating disorders are not resourced. There is still a significant issue around eating disorders and we (educators) are seeing a large number of young people and adults suffering with these conditions but fear about the raising of them in schools. There is little or no help for people with an eating disorder outside of Melbourne unless you go private. Anorexia has the highest rate of mortality of any mental illness but probably the least funding. My daughter has had 9 admissions related to her Anorexia, 3 of these as a minor and 6 as an adult, of these 3 have been into a private clinic. We would not ever consider a public hospital admission again after the last one in late April. We were told that ALL patients with Anorexia would be placed on a compulsory treatment order even if they were voluntary. In addition to this we were initially told that [REDACTED] and 20 years old there was no medical need to admit her to hospital. But once admitted we were given this new information about sectioning. This approach only encourages those that are ill not to seek any treatment, and as a parent I would never take my daughter back to this public hospital. I would rather go bankrupt, lose all my belongings than have her feel so isolated and invalid."

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

"Do not make anyone willing to have treatment subject to a compulsory treatment order. Involve families and incorporate care plans for people while they are well enough to set out what they want for their treatment. More money, resources and people who want to be there, it is pointless placing people in these roles if they are not wanting to work with these people. "

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

"My daughter is now 20 years old and we have been dealing with her trauma, PTSD, Depression, Anxiety, BPD and Anorexia for nearly 8 years. We have had care both public and private, as a juvenile and adult and in every situation the system is under resourced and is in desperate need of money and people. It is a fact that people with mental illness may not fully comprehend their situation or may be argumentative or refuse treatment. That said it is very harmful when these people feel they are disbelieved or have no say in their care or own treatment. We need a separate triage and emergency process for the mentally ill, those that are drug or alcohol effected and staffed by experts in the field who want to be there. "