

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

Organisation Name

N/A

Name

Mrs Nicky Slocombe

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

"More awareness from the time people go to school. We need something to talk about more than depression and anxiety. We have RU OK day and Beyond Blue do a good job, but with one in every 100 people being diagnosed with schizophrenia in Australia, we have nothing to make the psychotic illnesses less scary. Also need a lot more on trauma"

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 think on the ground staff are working hard, but I don't know that much works well. There is so much broken with the system that it is hard to say. I do think the introduction of Safewards on the inpatient units is a positive. I think access to public mental health services needs to be easier BEFORE people reach a crisis. Services complete early warning signs etc, but often referrals are not taken when someone is in the beginning of a relapse but rather when they require urgent assistance or admission."

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

Difficult to say

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.

Access difficult unless you are in a crisis. The services are overburdened with caring for people affected by ICE. There has been too much of closing specialist services and the mental health services having to pick up everything. There used to be specialised intellectual disability training and services- now mental health staff have to be dual disability capable. Mental health staff have to be dual diagnosis trained to manage substance issues as well. Very scary for a consumer to be in hospital for treatment and be in the same unit as someone who is harming people and damaging property due to being under the influence of illicit substances

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

"social isolation, poor infrastructure, socio economic issues, poor English skills, coming with a history of trauma from other countries and not having support with this"

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

"More information sharing, more education, more financial support if they are in a caring role. Vital

they are listened to!"

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

"Have mental health specific training. Bring back mental health undergrad training for nurses, have hospital based training- lectures/theory done via uni and then significant clinical placement at mental health services. Nurses can be employed by services as student nurses- have theory followed by at least 4 weeks clinical placement and they further they progress, the longer clinical placement. Allied health students have 3-6 months clinical placement but nurses get 1-5 weeks. How can they get a feel/ interest in working in mental health. Meaningful training and appropriate pay and benefits, including financially being supported to continue with specialist training would be great."

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?

Need more support in learning employment skills etc.

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?

"People should not have to wait until they are in crisis to be seen. People should not be discharged too early because someone else needs a bed. To be TRULY recovery focussed, we should not have to discharge people so soon from case management etc. Such short term involvement is not beneficial to people. We are told it is person centred - but it is not. It is money and resource centred"

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

Stop making services discharge people too early. Case mix funding etc. is not suited to mental health. Have more PARCS/Longer term admission areas.

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

"I would like to see mental health services stop being the one stop shop for everything. Set up units specifically for ICE/ Substance issues and intellectual disability issues. Put more resource into aged mental health. So many services and supports stop once a person turns 65 and they no longer have access to the services they could access when they were younger. Aged mental health units need to be separated between functional and organic illness- can you imagine being admitted to hospital for treatment of depression and feeling suicidal, only to have a person with advanced dementia wandering and invading personal space and becoming physically aggressive toward you because they are frightened? Stop case management having to have a definite cut off time. If someone is not well in three months- then stay with them while they need it. Have a universal suite of assessment tools across the state. There is so much time spent completing documentation because services are so risk averse, staff spend more time filling in forms than talking with patients "