

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?

A campaign addressing the language we all use regarding people experiencing mental health issues could help to reduce stigma and discrimination.

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?

N/A

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

"I am a sibling survivor of suicide. In 2013, I was 26 years old and lost my 19 year old brother to suicide. There were multiple factors that led to his suicide. I discovered after his death that he had been speaking with two trusted older gay male friends about coming out as gay and had chosen to come out to me first. These discussions were taking place up to two days before his suicide. He never ended up having the discussion with me. He lived in ██████████ and did not have a driver's license and as such was unable to access any LGBT friendly services at the time of his death. I note that at the time it would have taken him around 5 hours on public transport to access the closest Headspace centre. I am relieved to know that a Headspace centre has opened in my town, ██████████ this year. As a 26 year old, I supported my family through the initial grieving period. Our parents were separated and we had no other siblings. I organised my brother's funeral and tissue donation. I accessed the 10 visits with a psychologist under a mental health plan through Medicare that year and have every year since. There were no other support services offered to me aside from the Suicide Call Back Service. I was diagnosed after his death with PTSD as a result of his death. I studied full time during the year of his death and have been employed full time since the following year, 2014. I have chosen not to take medication for my illness as I don't believe the research indicates it is effective. In fact, the research I have read indicates it can increase suicidality. I have tried to cope with it and treat it using therapy with my psychologist, diet, exercise, meaningful employment and social interaction. I visited a psychiatrist at St John of God hospital in 2017/018 and she respected my wishes to remain unmedicated and recommended I participate in a specialised outpatient program for PTSD. I am still employed full time, I have basic private health insurance and no health care card and I looked into the costs of this program. It would have been between \$6000-\$8000 which was unaffordable for me. I am incredibly disappointed that as a tax paying member of the community, I suffered through a suicide loss and I have never been offered any services beyond the standard 10 psychologist visits. The way we treat our survivors of suicide loss has to change. We are at a much higher risk of suicide ourselves and the grief is like no other grief I have experienced. Organizations like the Compassionate Friends are wonderful, I have visited their ██████████ office for three meetings in the 6 years since ██████████ death but it is impractical as I live so far from Melbourne. I also feel as if I am at a disadvantage as I am full time employed as my mental illness is not treated seriously.

Perhaps it is viewed that if I can function well enough to get myself to work, I do not need assistance. The reality is that I battle almost every day with suicidal ideation. I have narrowly kept myself out of hospital and at my job. I can no longer visit the family farm where my brother died, it is too distressing for me. The flashbacks of the night he died are sometimes overwhelming. I find it hard to form attachments with other people and I constantly fear losing them. I have had insomnia and nightmares on and off over the 6 years since [REDACTED] death. I often feel guilty that I am alive and he is not and guilt that I couldn't save him. I also experience anxiety on a daily basis that is related to his death. There must be a better way to assess survivors and provide treatment. The Coroner's office is provided with next of kin details and the local police took statements from all of us at the time of [REDACTED] death and I know all of our details were held. I believe I took the right steps to receive treatment very soon after but my PTSD couldn't be prevented. I think my quality of life would be much better if I had government subsidised access to the type of out patient course previously mentioned. Please could the commission look at making a recommendation regarding extra services to help those of us who have survived the suicide loss of a close family member or friend."

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.

N/A

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

Better access to facilities for regional communities and for our LGBT citizens. At the time of my brother's death there was no 24 hour helpline specifically for those who identify as LGBT and I don't believe there is one now.

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?

N/A

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?

"As discussed previously, I think it is imperative that we support those who are functioning well at their jobs despite mental illness. This culture of assuming people are fine if they have a job is not conducive to keeping people employed and contributing to society. I shouldn't have to be on Newsart or homeless to have my condition treated seriously and receive government support."

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?

Please review how you treat survivors of suicide loss. We are at high risk and need extra support.

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

N/A

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

N/A