

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

**Organisation Name**

SUB.0002.0001.0043

N/A

**Name**

Anonymous

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

See my previous submission

**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 my previous submission

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

See my previous submission

**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.**

See my previous submission

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

See my previous submission

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

See my previous submission

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

See my previous submission

**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?**

"There are plenty of opportunities in the community for people with mental health to access to help improve their lives. Unfortunately it is often the case that people with mental illness need support and encouragement to access and remain involved in these opportunities and that is where the system falls apart. I have the knowledge of community activities and I would love to be involved but symptoms of my PTSD like being over vigilant, lacking in trust, an inability to deal with people and lack of confidence make it impossible for me to go alone. Obviously this is the area that the NDIS is supposed to help people impacted with mental health with but it is not working for me. I am very socially isolated, have made no friends in [REDACTED] since I left [REDACTED] nearly four years ago

and have little family support. I have volunteered in several different organisations. At the moment I am volunteering in a drop in centre for homeless people run by the Salvation Army. Volunteering is an extremely positive part of my life. It gives my life some structure that otherwise only revolves around mental health appointments. I get to mix with people and have a break from my mental illness. It provides my life with some purpose as I know I am contributing something to others. I have the capacity to find volunteering roles by myself but I need encouragement and support with managing relationships and stress to continue to volunteer throughout periods when I am not well. If I do more volunteer work, the NDIS will view me as too functional and cut my support. I consider the NDIS policy of equating volunteering with functional capacity to be counter productive to mental health recovery. It is a deterrent to me increasing my volunteer capacity and therefore contributing something to society. In 2017/18 I had a support worker for access to the community funded through the NDIS. We met for two hours a week for a walk, a coffee and chat, a visit to the art gallery or a look around shops. I looked forward to and relied on seeing my worker as she was the only person I saw apart from my psychologist and psychiatrist. We got on well and the emotional support I received from her significantly improved my confidence and ability to leave my home and go out in the community. Then in April 2018 I had a review and an NDIS delegate took my support worker off me. I was devastated. This should NEVER have happened. I had to go through an exhaustive and stressful six month review and re-planning process to get the support worker funding replaced. Due to on-going issues with the NDIS I have been without a support worker since May 2018. I have not been well enough to begin all over again with a new support worker. Even if I was well enough, there is a shortage of mental health trained support workers and it is not helpful for me to be with a worker who has limited training and understanding of mental illness. Many service providers do not find it is financially viable to provide a worker for only two hours per week. It is a very unhelpful and distressing situation. "

**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?**

"Recommend a Royal Commission into WorkSafe Victoria with the aim of taking the management of injured workers out of the hands of big business-owned insurance agents whose ONLY priority is to make money. The WorkSafe system at the moment causes mental illness. Immediate improvements to how the NDIS supports people with mental illness. At the moment they are basing support and plans on models only suitable for people with mental or physical disability. They do not understand that mental illness causes immense variations in the person's ability to function in life. The NDIS is a disaster. Community-based mental health support needs to be given appropriate levels of financial and staffing resources to respond in a timely manner and with genuine compassion and care when mentally ill people seek help. Put regulations in place to ensure that the diagnosis of mental illness is accurate and fully supported by substantial medical evidence. All people working in mental health must have specific mental health training particularly trauma as that is the cause of a large percentage of mental illness. Legislation must be not just written but FOLLOWED so that interacting with Victorias mental health system stops re-traumatising and contributing to further decline in the mental health of patients. If a patient with mental illness raises concerns about their treatment their complaint should be investigated properly by an independent body who has the power to hold medical professionals and hospitals accountable. At the moment, despite various acts, the mental health system can do what they like to patients. The stigma of mental illness needs to be addressed by changing the law to give equal recognition to mental health and physical health. Mental health needs to have the same level of emphasis, priority and importance as physical health by government and the public. Until

mental and physical illness are viewed with the same level of priority, nothing will change. "

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

"Make sure that all of the contributions that people have made and the work that the Royal Commission itself has done actually counts - that real and positive change will occur. There is no point in saying what works, doesn't work and offering suggestions if the government allow the Commission's recommendations to sit on a shelf gathering dust. Get the NDIS running properly. It has the capacity to change people's lives for the better but not how it is functioning at the moment. "

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

"I am a 59 year old woman living with mental illness in Victoria. I welcome Victorias Royal Commission into Mental Health and I am grateful for all of the time and effort the Commissioners and their team is putting into this important work. I am hopeful that people with mental illness and people working in the mental health professions will see positive change because of this process and that it is not just more rhetoric about what could be. I attended the community consultation in [REDACTED] on [REDACTED]. I found speaking at the community consultation too difficult. When I am anxious or distressed the thinking part of my brain shuts down and I lose my ability to communicate orally. Writing involves a different thought process for me and I am able to communicate more effectively. I am hoping that someone from the commission will read this document and consider what I have to say but even if no-one reads it, it has been helpful for me to express my thoughts and feelings about mental illness. A huge part of having mental illness is feeling powerless. Writing this gives me a sense of having some sort of control in my life. I found the Royal Commission community consultation process to be as I expected. I understand the need for these meetings to be highly structured both in time and content but I also feel this limits the contribution people can make to your process. The Commission controlled the content of the meeting and therefore everything said had to fit into the Commissions format. This is censorship. Although I understand that everyone at the community consultation chose to be there and had to register prior, I feel that the group of people at the meeting I attended was not really representative of people with mental illness. I feel that the concept of community consultation meetings is admirable but they actually only involve people who are well read, have been following the Royal Commission in the media and know about the meetings. The process the Commission followed leaves out a large percentage of people who might have had something to say but did not even know they had the opportunity to participate. The Commission could have got a more diverse and accurate view of mental health in Victoria by also visiting psych wards in public hospitals, private clinics, gaols or homeless shelters to speak to people with mental illness. As in any group situation, extroverted people take over and dominate the conversation. Due to the nature of my mental illness I found that dynamic in my group to be very restrictive. The majority of people at my table worked in the mental health industry and I found it very difficult being with them. I believe the meeting would have been more productive if people with lived experience of mental illness either as a patient, family member or carer met separately to people from the mental health industry. I am an open, honest and plain speaking person who is not afraid to give my opinion. I am not an angry person. I am simply deeply hurt, sad and confused by all that I have suffered because of the way mental illness is treated in this state. There was considerable trauma in my childhood and teenage years but it appeared to have little impact on my ability to function in life until ten years ago. I went to university, worked full time as a [REDACTED], had family and friends in

my life, went on holiday, was fit and active and was married. I experienced short periods of low mood due to the usual things that go wrong in life but nothing serious that required mental health treatment. Then I got bullied at work and everything changed forever. Despite reporting the bullying and harassment, my workplace ignored me for six months. After I went on WorkSafe, I received no support from my workplace and my [REDACTED] employer. I endured nearly eight years of indescribable trauma and distress from WorkSafe, received a 35% serious and permanent impairment classification [REDACTED]

[REDACTED]. The impact on my life has been catastrophic. I am confident I would have dealt with the bullying in time but the way I was treated by my workplace, my employer, WorkSafe and the public health system ensured the development of two serious mental illnesses PTSD and major depressive disorder. Instead of being a highly trained and experienced professional working full time and contributing to the economy and the lives of children, I am now a considerable financial burden on the state of Victoria and have no purpose in life. My mental illness was caused by and is being perpetuated by the actions of government bodies like the [REDACTED], WorkSafe, the NDIS and the public mental health system."