

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

## Organisation Name

N/A

## Name

Mr David Bowman

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

"Casting the net to capture the general population rather than targeted saturation would be a start. More media saturation in the areas of Suicide, Bipolar, schizophrenia and Autism would benefit in reduction of discrimination. It is in my opinion it is human nature to discriminate against what we do not understand. Not all of the population has internet however there is television, Community centres and shopping malls. Pop up stands, mobile information vans are a couple of avenues that could be further explored as options to educate the masses. Reducing the judgement that people feel from making their symptoms known and being judged by workers in the sector is another obstacle to address. More cost effective education and training provided for workers in the medical and welfare sectors would help. Further incentives for service providers to engage in training provided to employees."

### **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?**

"Recent campaigns for depression and suicide have informed the population that these are common among the population prompting people to ask "'are you OK'" thus reducing the isolation one would feel when experiencing symptoms. Mental Health care plans are a starting point however there are not enough sessions provided for those who are experiencing acute symptoms, and those who are experiencing generalised symptoms require more than ten sessions a year. There is a move to more sessions on a care plan for those experiencing suicidal thoughts although it is hard to locate or access this service, there is also a shortage in the number of practitioners providing this specialist care. Making the pathways to access Mental Health Care easier to navigate and understand with less waiting time would be one area to look into. In general those experiencing symptoms require service and treatment now rather than in a few weeks time. Increase in professional worker numbers. Longer treatment options for those experiencing symptoms along with long term up to 24 months post discharge supports."

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

"Awareness of statistics, media campaigns and sector training is providing an understanding and methods to assess, refer and treat suicidal ideology and attempts along with other presenting mental health issues. As self harm is also part of this question, more training and awareness of the prevalence of self harm would allow for those experiencing this to access services rather than hiding away from fear of judgement. Hospital stays are too short to fully address suicidology. Less emphasis on moving patients through the system for profit would allow for treatments to have more effect. It is my understanding that early intervention and prevention is the goal in achieving cost effective outcomes, this looks like it would work for the future however in the immediate climate treatment options are too short and too little and are short term band aid fixes. Longer engagement with persons experiencing symptoms along with supportive accommodation for those

who do not have stable housing. "

**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.**

"Costs associated with Mental Health diagnoses can be a complete stop to accessing services, for example a consumer has significant Mental Health symptoms, they require Neuropsychology assessment and report, psychology assessment/report to access further treatment/support options however the waiting time for assessment could be months and the cost so high that they cannot afford them, other community service providers can assist yet the capacity for them to fully fund the assessments is limited, the consumer continues to live with symptoms partially diagnosed and without the appropriate treatment. It would appear to the outsider that providers of assessments associate unreasonable costs on reports required for NDIS packages and other services to be able to provide the appropriate interventions. Without a holistic approach that is cost effective for both the providers and the consumer the only avenue left is to self medicate thus increasing the risk of substance abuse, escalation of psychotic breaks and further accumulative harms, risks and costs to the system. "

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

"Firstly availability of local service providers restricts people from access, meaning they have to find transport to other communities, which for some is an obstacle in it self. For those experiencing social phobias or low income public transport can be an expensive item. Waiting times at appointments especially in major hospitals could be explored to reduce the waiting times. Providing services in low income communities, shorter waiting times. Not all people experiencing Mental Health symptoms are unemployed, those who have jobs cannot afford the time away from work to attend appointments. There are limited physical after hours services, not everyone is comfortable with call centres or online options. More after hours services would benefit those working."

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

"Depending on the severity of the Mental Health symptoms families need respite, a break from the chaos. A coordinated approach to respite care with appropriate amenities to care for consumers experiencing symptoms. In some cases a longer respite period would be beneficial. Those experiencing acute and chronic conditions would benefit from better facilities and longer treatment options to provide appropriate care, including post discharge supports. Since the restructure years ago where institutions were closed and the people in them were moved to community there has been a gap in care. There are some consumers who fall between the cracks as they don't qualify for some services. Something like a supported residential accommodation where the consumer can freely move around yet have the support on site if needed may be an option. Similar community living to retirement villages would be another to look into."

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

"Better working conditions, flexible hours, shorter working weeks, increased pay levels, free/low

cost training, better support within the industry, flexibility in work tasks and job roles."

**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 several opportunities currently provided for including disability employment services, community centres, support groups, activities, online help, helplines, respite care and some residential disability housing. This said there are not enough centres or services to cater for the growing numbers, changing the goalposts to reduce the number of consumers is again an unsatisfactory method of providing preventative measures or viable treatment options that in the long term that could reduce the overall costing involved in providing treatment. Again funding is one of the key issues here, private facilities charge an arm and leg while there is limited government or low income facilities to cater for the consumer. Unfortunately not all consumers with a mental health issue are able to access the services provided, they are either full with waiting lists or the consumer does not meet the eligibility criteria. In some instances missing the criteria by one point negates all services for that diagnosis. Again leaving the consumer in a no win 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?**

"The mental health system would ideally collaborate with Alcohol and Drug, homeless sectors providing a realistic and sustained holistic recovery pathway for the consumer. Priority would be in collaboration, extending length of stay in treatment facilities, coordination with non mental health providers for realistic and sustained recovery. High cost of specialised reports to be capped at affordable levels."

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

"There is no simple answer here, planning is a start, this commission should be able to provide a baseline for planning, identify holes and gaps in service provision, identify any growing need for employment in the sector. Demystifying mental health could attract more people into the sector for employment, provision of government funded or subsidised qualifications can be explored. Look into the provision of facilities to provide longterm supported residential treatment options. Not everything should be funded by the government some input from consumers, philanthropists and fund raising could be further utilised/explored."

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

"There are a growing number of consumers affected by Mental Health symptoms that either go undiagnosed or untreated partly because of the system and partly because of cost. Mental Health co exists with substance use and homelessness. To address Mental Health solely on its own would be a farce, I would like to share this case study, a consumer who has a relationship breakdown experiences mental health symptoms, then a member of the family passes away that they were close to, at this point they do not seek assistance as they see nothing wrong, then begins to increase or starts substance use to alleviate the pain associated with current situation, this then can lead to job loss due to substance use and not turning up for work, the consumers income has now stopped and is on newstart, they are unable to maintain a tenancy and are now homeless. They no longer see their children. They seek the assistance from a community service

providers, they also are unable to pay the gap fees after the mental health care plan runs out and stop accessing counselling, the consumer has attended an opening doors access point for crisis accommodation, this is for up to a couple of weeks, the consumers options are limited to Office of Housing or boarding houses to which there are no vacancies and have a bad reputation for violence, theft, drug use, the consumer either couch surfs or lives rough they have no fixed address or contact as they have no phone, again access to any service at this point is by them making contact, by now the mental health has declined, another close member of the family has passed away, there is no contact now with siblings or children, physical health declines, they are not feeding themselves, have no funds and use whatever means to obtain substances rather than food, they may have suicidal thoughts, present to emergency departments, luckily there is a bed in the psych ward, three days pass they are discharged into crisis accommodation for a short time and the cycle begins again. Their mental health is still not fully addressed. After several years of this there are other underlying mental health concerns possibly acquired brain injury, they complete detoxification and possibly rehabilitation, once discharged begin to use substances again as they have no home, no family, no friends, just a worker from a service provider, the cycle repeats and still no proper treatment for mental health. The consumer as can be derived from the above has unresolved grief and loss, depression, suicidal ideation, substance abuse and homelessness to deal with along with deteriorating health. This scenario is only in part however it represents what can happen in real life to a number of consumers. The mental health system is hard to collaborate with and set out a recovery plan with the consumer. A holistic approach to mental health may provide the support and care framework to facilitate a sustainable recovery. "