

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

Organisation Name

N/A

Name

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

Engage high profile community members to open up publically about their struggles

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?

"The Public Mental Health System is a good system, but it has been warped by the problem that demand far outweighs supply. "

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

CATT teams can be extremely effective in reducing suicide during high risk times. Suicide prevention psychosocial teams (under public health) can also be effective in the 3 months following an attempt.

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.

"- There are 60,000 people with a borderline personality disorder in Melbourne. However there are virtually no services for them to access. People with BPD need DBT. If this was free and accessible, the suicide rate, path of social destruction, and misery these people have to endure would occur. - People don't know how to access help for mental health. People don't realise you can go to a GP. People don't know about psych triage help lines. - Most severe cases fall through the cracks, as they don't fit neatly into one thing. They are rejected by the psych system, as their addiction is such a problem. And too risky for the addiction system, as their mental health is so poor. "

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

"We have some great mental health programs, but for 200 people who need it, there is only 1 place on the program. These include residential continuing care units, addiction focused psych inpatient units, intensive mobile outreach case management teams. Adequate housing for people with mental health. It is impossible to house many people, as there is no where safe and affordable. "

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

"They need to be treated as part of the treating team if they are actively involved in caring for someone. They need services to assist their loved one, as currently, there are not. They need more education on how to master the tricky duty of caring for someone with mental health

problems."

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

"Adequate services, so we are working in a system that works. At the moment, sometimes it feels like we are just rearranging chairs on the titanic, as it sinks. That burns staff out. "

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?

Child Protection Services need more resources Centrelink payments needs to be less impossible to access and maintain More public and supported Housing needs to exist

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?

"More inpatient beds More addiction/MH Services GP's who specialise in MH More outreach engagement services - as people with serious illnesses rarely seek help or attend apts. More beds at the forensic hospital (Thomas Embling) Including Severe Substance Use Disorder as a mental illness. When addiction gets extreme, it no longer becomes a "'lifestyle choice'", its tipped into an illness. "

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

Money. Its going to take a lot of money.

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

"Thank you so much for listening. No one ever has before. I work in Emergency Psychiatry and it is absolutely heart breaking the level of trauma and pain I witness, that could be preventable by more resources. I am also a carer. When I was 13 my [REDACTED] developed schizoaffective disorder and that changed the entire trajectory of my families lives. It was and continues to be a rollercoaster of pain for [REDACTED] and us."