

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

Organisation Name

N/A

Name

Ms Kay Frances Gross

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

"I think we should go back to having smaller mental health organizations, particularly community managed organizations, where all the staff knew everything about everybody, and could fill in when staff were away or not available. The NDIS has totally bugged this up. This is something I have observed not only for myself but many others, necessitating great pressure on all the workers who are uneducated in matters of mental health and / or acquired brain injury."

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?

Nothing at the moment is being done well. Even my psychiatrist says he has more patients in hospital now than he has had for over 10 years as a direct result of NDIS.

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

Go back to running home based outreach support the way it was done successfully for many years by organizations such as ARAFEMI Victoria. I was suicidal last year for the first time in many years last year and the only reason I didn't go through with it was that I tried the last time and it didn't work.

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.

"Life stress, the speed of life, and general stress in a dog eat dog society. Everybody is experiencing so much stress that they haven't got the energy to support other people in the way that they would have several years ago. The way things are going, no sane medical practitioner would take on psychiatry. For many of those that have, they are retiring early."

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

"Many communities, particularly those in rural areas, have always had insufficient psychiatric services. If the NDIS doesn't get its act together, how can we expect anyone to go into rural areas, where their supports are even less than those in the city. Surprisingly, however, I have heard that in the Geelong area things are going quite well. Can anyone explain what they have done well that hasn't been shared in the city, where things are being done so badly?"

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

"There needs to be a telephone number and mailing address for those that aren't computer

literate. Everything seems to be on computer, where not everyone is computer literate."

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

"Sufficiently experienced and qualified staff seem to have fallen by the wayside because of NDIS. Staff employed in the NDIS are insufficiently educated in mental health. They may have formal qualifications, but have insufficient clinical supervision at the end of the day, thus not enabling them to go back and do the scenario better the next time. For example, I had a worker in NDIS answer 'I don't know' to about 30 questions in a row. Clinical supervision is imperative."

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?

"In my experience, prior to my brain injury, I never had any problems gaining and maintaining several positions of some positions of seniority, regardless of my mental illness. After my brain injury, professional employment wasn't possible due to any impaired memory, however extensive voluntary work was done over many years. Since NDIS, I have been unable to do any of this work, because just getting out of bed each day is a huge effort. This is something that I have observed in others as well."

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?

Staff of many cultural backgrounds need to be clinically supervised and educated in how their normal tone of voice may be taken as insulting.

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?

"I dearly love a one-to-one meeting to discuss these matters further, with an agenda provided for that meeting to be prior by snail mail. Kay Gross is the author of this submission. However James Kelso has assisted her in the typing."