

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?

I feel there needs to be improved education of the public regarding mental illness particularly our youth. It took a long time for my son to seek assistance and by the time he did it was too late. His mind was too far gone. There is still a strong stigma associated with mental illness. People in my workplace were shocked that I would actually talk about it. He felt deeply ashamed by it. Recently a colleague was diagnosed with a severe mental illness and was admitted to hospital. They didn't want anyone to know about it. The sad thing is if this was cancer then everyone around them would be assisting and cooking food for the family but instead because no one knew there was nothing. There was a sense of shame.

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?

"I think that post support for adolescent psychosis works well. The teams we experienced for my son were inclusive and welcoming. After my son's suicide the support from organisations has been astounding. The golden question? How to prevent mental illness? I do not know. Part of the problem I think is that mental illness is perceived as a separate entity to physical issues. The only way to prevent it is to pour money into research as to the why and how to prevent it just like we have with cancer. Part of supporting people to get early treatment is the education of staff in emergency departments. My son presented three times to these, was diagnosed as a drug addict, sedated and sent home. He isn't a drug addict. We even asked for a toxicology screen which they refused. He was severely mentally ill"

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

"Headspace appears to be a good starting point for young people. My son was still quite ill after he left hospital. I didn't know that the medications he was on could increase the risk of suicide. Information to carers of people with mental illness would aid in the prevention of suicide. In addition, he was sent to a ████████ house when they wanted to put him on antidepressants. He was only eighteen and put in with people over twice his age. Totally inappropriate for someone so young. It just aided in his feelings of despair."

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.

Our society for all its information technology is less connected with our fellow human than we ever were. The ability to find and access mental health services is a maze of blockages and stops that while a loved one is trying to find help for someone meanwhile they are sinking more into the depths of their mental illness without any assistance. It was virtually impossible to get help. He presented to 3 emergency departments and was treated incorrectly as a drug addict. We called

the CAT team when he had lighters around deodorant cans. They wouldn't come as they feared for their safety. The night he graffitied the house the police were only interested in charging him a night away and him stealing some alcohol and me crying over the police that we desperately needed help that we got an appointment with triage. He was finally admitted. The services don't appear to link up at all. My sons post care was so entrenched in geography of where he lived rather than what was best for him he was convinced to go and live with his father who he hadn't lived with for over 10 years. When he wanted to move home there was incredible delays while they worked out if they could break the rules. Surely when having continuity in therapy is paramount in recovery of someone can they not have the same care team particularly when it is on the same city.

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

"I think basic things like homelessness, drugs, youth and social isolation would have to be contributing factors. The improvement of essential human needs can only assist. The issue we found was that if my son was considered to be a drug addict then he was essentially on his own and needed to seek his own help but if he had a mental illness then some form of assistance would be considered."

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

Family members and carers need education as well. My sons siblings were greatly discouraged from going to see their brother. This resulted in them being quite fearful about seeing him after he had been discharged from hospital. There was very little support for them at all.

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

Mental health workers need to be remunerated and recruitment needs to be better. I don't know how you recruit people into such a difficult area. When I met the head of [REDACTED] I was shocked. I came away feeling that I had met a big part of the problem with adolescent mental health services.

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?

My son was involved in a program called Good Cycles over in Kensington. He went there once or twice a week and serviced the blue bikes you see around the city. Whilst not perfect in terms of location it was something he really enjoyed and he got paid for it which he loved.

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?

Assessment of people with mental illness
Education of staff in emergency departments
Increasing the scope of Headspace so that it is not just for mild conditions
Realigning where drug addiction sits in the mental illness scope
Make it easier to access services for those with a severe disorder.
Increase the ability for triage to meet with potential patients

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

Education and commitment to the change

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

"I hope that this process finds a way to improve the system. My son died from suicide and I believe it was a direct result of the failures of the current system. If he had been able to get assistance earlier it quite possibly could have been a completely different outcome. He was failed every step of the way... from the staff in the ED who thought he was an addict, the [REDACTED] team who refused to help, the police who were only interested in charges, the care co-ordinator in the hospital who initially thought he was an addict and who seemed to think it was mildly amusing when he escaped, the [REDACTED] house where he was exposed to a possibly of no hope and the failure for anyone to recognise how bad he was depressed and had no hope he would ever get better and died from suicide. "