

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?

"I believe to reduce the stigma and discrimination, while increasing the understanding of Mental Illness, we need to look at mental health as a part of overall health, and nurture it from birth. We need to recognise that many of the rites and rituals that were previously a part of our religious and societal development have been eroded in the progression of modern culture, and while this was appropriate and necessary in so many ways, the purpose of these practices was forgotten. Often these practices were the underpinning structures and strategies that create a framework that individuals and society used to educate, develop and support good mental health. A cultural shift is necessary for a real change in mental health and care to be realised. "

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?

"What had been working was destroyed in the narrow sighted restructuring of the mental health system in the past decade. In the Healesville area, the local community and council had worked together with various other stakeholders to establish a community based mental health service that came to be named Rivendell. The programs and services provided by, for, within and amongst community was the envy of all mental health services and consumers who knew of it. It was the model to follow; the example to aim for. As a community, people knew they could call Rivendell with concerns for their neighbours, or a person they passed in the street who they had concerns for, and Rivendell could advise them on how to help. The community knew they could refer others to the service with the confidence that they would be cared for and supported. Housing programs and financial services were developed that looked at the full spectrum of needs and services to ensure those with mental illness could maintain, prosper and engage in life. Their cost on society was lessened and they played a beneficial role. Leaders within the Rivendell community were identified and supported to further themselves, the program, service and benefits in ways that weren't able to be measured, but are felt now as a substantial and significant loss. The other significant perspective I have become aware of is the whole person, culturally safe and socially inclusive model practiced and shared through Red Dust healing. This understanding that much of what is considered mental illness is in fact a reasonable and expected response to situation, experience and environment that is not what would be considered acceptable, appropriate or conducive of good psycho-social health and development. What is working now is hard to identify as we are still not able to comprehend our community's loss of functional services, and the few positives in the system now hardly seem like benefits, and are certainly not progress given what we had previously. What can be said, is that the majority of people with psychosocial disability who are currently able to access the positive aspects of services now available are those who are capable and supported enough to engage in the incredibly difficult NDIS system and the few who get accepted in that system then struggle to find services in our area...specifically if they must use NDIS registered services. So essentially, the most in need, the least supported, the least capable

and the most chronically, entrenched psychosocially disabled are those who are least likely to be serviced in this current system. "

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

"I can't identify anything that is currently working to prevent suicide, and given the current rates of suicide in Indigenous communities, being the parent and aunt to indigenous children, and friend and family to so many in our community, it is devastating to watch this lack of leadership, direction and strategy at play. My whole local community is aware of someone in their world that could be gone tomorrow and are overwhelmed by the need that we are not meeting. I previously referred to the lack of societal and cultural structure and strategy that create a community that created persons of good mental health, and quite simply we are failing. The sacred and honourable aspects of life and humanity are not displayed or considered in the systemic mechanisms by which we function and we cannot fix these broken underlying soul destroying lackings without this being acknowledged. "

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.

"The system is so adversarial, difficult and inappropriate, that it is hard not to be cynical of the actual intentions and ambitions of those creating and sustaining such a system. It is easy to question if suicide, jail and chemical restraint aren't the aim; to silence and disqualify the mentally ill from having options at all, and creating mental illness by the masses for the masses as a form of ambiguous genocide. The daily experience of unmet need in so many aspects of general living are exhaustive and grind down mental health. The sense that doing all the right things can still lead to a state of lack and poverty that goes beyond financial stability is the reality for large sections of our community. A system that supports mental health is one that addresses these basic needs being met. "

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

"Psycho-social disability is just that; a dis-abling of psychological and sociological development and health. Therein lies the answers to addressing the question of why we suffer poor mental health and how we fix it. Allowing the application of best practice to allow for best outcomes is necessary, but the leadership required to justify the expense and desire to assist those in need is negligently lacking. This is, of course, contrary to all the evidence we have that outlines the financial benefits of early intervention and support. The cost of mental illness, the rippling cost to families and communities is a huge expense comparatively, so the argument that the financial cost is prohibitive is void. Again we return to the cynical conclusion that good mental health isn't really a priority for those in a position to make changes in these areas. "

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

"As outlined above, the cost to families and carers is enormous. The cost to children and those children who are also carers is too great to fathom by most. The cost to society to support children who live this reality is currently beyond our capability. We fail these children. From barely existent Mother-baby mental health units to avoid attachment disorders, to the inadequate supports for families in need, we could do so much more. The processes of receiving assistance fail at the

very time they are needed most. Social workers based in hospital inpatient units are so overworked and under resourced that they are barely able to make the appropriate referrals to other support services let alone provide support themselves. Wrap around service for families caring for a person with a mental illness would be invaluable. This could be co-ordinated quite easily, in theory, if the person had NDIS support already in place, and assuming the support services were available in their locality. Outside of the NDIS, the services simply do not exist in a form that would be useful and impacting. Families in Healesville could previously contact Rivendell for direction and support, and this is another aspect of the service our township is now without. "

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

"The lack of resources in this area is felt most by the frontline workers. The potential for burn out and trauma is high. Worker support services, and processes such as supervision and debriefing are important. I feel that more importantly, much of the distress and angst felt by workers comes a result of the systemic failures and frustrations with a medicalised model that does not reflect the illness or treatment/support needs. The lack of insight or awareness of the myriad of contributing factors in mental health is unconscionable, irresponsible and outright negligent. We know better, and do not implement best practice. Most workers I have encountered shake their heads in disbelief at the incompetence and mismanagement that they have to endure working in such a system. Ensuring that payments to workers via the NDIS are prompt is also a significant aspect of why workers have to opt out of providing services to NDIS participants."

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 numerous opportunities to improve social and economic outcomes for people with mental illness, but they require a greater flexibility that the current system provides. Recognising that illness and health is a fluctuating state for many, and hence so is capability, is necessary, without risk of punitive repercussions. Study and employment or means of income that allows for self paced and supported mechanisms to facilitate continuity within those fluctuations would be preferable that the continual cycles of attempts and failures, support and abandonment that many face in the social security system we have; even calling it a social security system is insulting, as it is nothing of the sort. Community based networks that allow for communities to carry the weight of a mentally ill person, as opposed to a one-to-one friendship, is also preferable. This was one of the unmeasured benefits previously provided by Community based Mental Health Services such as Rivendell. These organic social networks were often able to identify changes in a persons mental health or triggers/incidents know to precede ill health in a way that a created and employed support system cannot, and then inform the necessary workers to intervene at the moment of least impact / consequence. This maintenance function of community based mental health services was not appreciated as the preventative and responsive system that is best practice and defunded over the previous 10 years, The crisis we currently face is the consequence of that lack of fore sight. "

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?

"-Reduce last resort style interventions, opting for early interventions where ever possible. - Looking at best practice/ outcomes for guidance. -Acknowledging that psycho-social illness/

disability is the result of psychological and social dis-function, "

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

"Create supports as societal institutions, as are schools and churches and banks, so that they are not at the whim of political belligerence and budget cuts. Public housing and community mental health services should be at the forefront of such institutions. "

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

"This process was an incredible microcosmic insight into the short comings of the mental health system. Lack of time and planning, lack of support, lack of appropriate process, lack of awareness, lack of consultation. Basic functions, such as being able to save your submission online as you were writing it, to return to at a later time, given it is such a huge exercise with such great potential for emotional triggers and traumatic re-experience, would have been a basic minimum I would have thought. Weeks of workshopping for those needing assistance, by teams of people trained to offer such support, unlike the inadequate time frame, funding and process that was allowed of VMIAC. It should be noted that they did an amazing job with the little time and resources they had. Cynicism would suggest being set up to fail. While the efforts made by VMIAC were heroic, this Royal Commission process was not reflective of a system that understands the sectors needs or concerns to expect such service delivery in the constraints given. "