

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

SUB. 0002.0028.0349

## Name

Anonymous

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

N/A

## 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?

"Mental Health Plan The issue of wealth is at the centre of care inequality. Whilst the 10 sessions provided under the Mental Health Plan are helpful for people with low-medium mental health needs, those of us in crisis can easily max out their capacity in the first 5 weeks of the year. I was one of the few who had parents fortunate enough to pay the out of pocket expense (\$160) for every single weekly appointment - eight years and counting. Weekly and sometimes bi-weekly appointments with psychologists are crucial for individuals who are at risk of needing a hospital admission, but are aiming to keep their treatment in the community. The MHP is therefore severely inadequate for individuals with higher care needs, yet could be an important component to reducing the strain on psychiatric beds. Centrelink: My dealings with centrelink were one of the most stressful elements of all the bureaucracy I faced. Whilst this is a Federal issue I believe it is important to be discussed, and concerns and suggestions passed on at a Federal level. I was rejected for the Disability Support Pension because my psychiatrist could not make a judgement as to whether my condition would improve or deteriorate over the subsequent two years. That left me being not well enough to do full time university (and therefore unable to qualify for Youth Allowance) nor look for work (Newstart). Whilst I was able to have my GP provide a medical certificate for temporary sickness benefits, I found the process of having to return every 3 months to the doctor and pay for an extended consultation before going through the nightmare process of submitting to centrelink an almost impossible task when in the grips of severe mental illness. As illustrated previously, had it not been for the financial support of my parents I would have been at risk of homelessness, and without adequate care - completion of my suicide plans. "

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

"Emergency departments: After finding out about a particular suicide plan one day in 2012, my psychologists urged my parents to drive me to the ██████ Emergency Department as I was at serious risk. When I presented to the Triage nurse, I was made to feel like a nuisance who was clogging up an already choking system. I sat for five hours in a chaotic, noisy waiting room which overwhelmed my hypervigilance and sent my anxiety and paranoia soaring. Finally I was seen by a psychiatric registrar, who asked me to recount my traumatic experience on the spot in a curtained cubicle next to a cacophony of ED chaos. He then told me whilst I should be admitted to a ward given the risk I posed to myself, he was concerned a public admission would be too traumatising and he could not ensure my safety from further male violence. I was sent home and fortunately I was referred to the CAT team, who visited daily and were pretty crucial in keeping me from attempting suicide over the proceeding few weeks. I would like to see a separate, contained

room for people presenting to emergency with mental health issues. There should be at least one psychiatric nurse employed in every department. Public sector needs a dramatic increase in funding to ensure that they are able to provide safe and adequate care for all patients. Public hospitalisation: Following this presentation to ED I was urged to get private health insurance in order to have an admission in a private hospital. Having never had private health insurance because of Australia's incredible standard of physical health care, I began a two month waiting period. During this I had to be supervised 24/7 to prevent self harm and suicide attempts - two months my parents were fortunate to be able to take turns taking off work. This was only possible because of their financial situation, their supportive workplaces and their own emotional resilience to be able to care and monitor a severely depressed and traumatised daughter. I hate to think whether I would have survived that period had I not had this support - a situation many other less fortunate Victorians would be facing. I finally qualified for a private admission at the Albert Road Clinic which was on the whole a relatively good experience. Mainly it served as respite for my parents and the contained environment an individual needs when undertaking re-exposure therapy. Their art therapy program, particularly their adolescent outpatient art therapy program was a crucial component of the other therapeutic approaches including CBT, DBT and psychodynamic therapies. The outpatient programs also helped minimise my need for repeat admissions in the years to follow. I wish that the care I was finally able to receive was available to all Victorians - especially those from low income backgrounds. It is unjust and heartbreaking to know that other young people have lost their lives to suicide because they fell through cracks - not cracks - in the system. "

**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.**

"Mental illness is a challenging burden for all Victorians. Yet those having to negotiate their illness under the unbearable weight of structural oppression which deserve a priority hearing. I direct the Commission to examine the impacts of poverty, gender, disability, ethnicity and sexuality on individual's ability to access the high quality care all Victorians deserve. Before writing this I reached out to the friends I have made through my journey - in hospital, outpatient programs and online communities. For many of them, they are too unwell to submit to the Royal Commission, yet wished to pass on the importance of looking at the broader systemic issues which affect mental illness and its treatment - family violence, poverty, housing insecurity and the expansion of prisons expansion under this state government. "

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

"For First Nation Victorians - the disproportionate rates of First Nation people in the criminal justice and child protection system. My FN peers advocate for self-determination over their health care and justice programs. Other factors as previously discussed including poverty, systemic racism, gender inequality, incarceration rates and increased prison spending."

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

They need their own psychological support to assist in their processing of emotions over what they are dealing with as carers. They need better workplace rights and understanding when taking carer's leave. They need information and educational programs which teach them how to cope

with their loved one's illness. They need respite care and advocates to help navigate the health care system.

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

N/A

**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?**

N/A

**Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Priorities: - Significant funding for public psychiatric wards so that they serve as a therapeutic milieu and not just a 'containment/management' space for patients in crisis. Therapeutic models should be recovery-focused and envelope the patient in wraparound services including Centrelink advocacy, housing assistance, social engagement programs. - Emergency departments: please see comments above - Police should not be sent to mentally ill people in crisis. It should be a specialised CAT team that doesn't risk physical harm to the patient nor stigmatise them through the symbolism of police custody. - The increased funding in prisons in Victoria is highly concerning given the high rates of prisoners who should be accessing adequate treatment and could benefit from restorative rather than punitive processes."

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

N/A

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

"I feel relieved by the opportunity to have my experiences heard through this submission, yet also overwhelmed with the sadness and anger brought forth by reflecting on my experiences. I wish for the difficulty of this process to be acknowledged by the Commission. I am a twenty-seven-year-old woman who has lived with PTSD for eight years following an extremely traumatic experience overseas at the age of 19. I was able to escape home to Australia alive, yet profoundly impacted by my ordeal. I consider myself one of the very fortunate ones - not because I had wonderful experiences of the health system, but because I had all the components necessary to get my needs met when the system failed. I did not expect to be alive to reach this age. I made no plans beyond 20 years of age because I was adamant I could not endure the suffering. The only reason I survived my suicide intentions was a family who would not give up on me and the financial means to pay privately for adequate treatment. My story is important, yet it is those having to negotiate their illness under the unbearable weight of structural oppression who deserve a priority hearing. I direct the Commission to examine the impacts of poverty, gender, disability, ethnicity and sexuality on an individual's ability to access the high-quality care all Victorians deserve. Many of us have experienced a fundamentally broken system which fails individuals and communities from beginning to end. Yet amongst it all there are moments of resilience, connection, meaning and compassion. We need and deserve fundamental shifts in the way we perceive, understand, treat and accommodate people who are mentally ill/neurodivergent. I trust the Commission listens

to our voices and in turn, the Victorian government adopts its recommendations. "