

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

There needs to be regular advertising educating people as to what Mental Illness is and that those who are suffering from a Mental Illness are not weak individuals simply because they have a mental illness as this condition can manifest itself in anyone at random.

Also there needs to be an education programme that informs the community of what psychological states or conditions that fall under the heading of mental illness due to the medication types used to help them.

These people should not be victimised denigrated or treated as outcasts. This response to a person suffering a mental illness is victimising them and bullying and reduces the speed of their recovery.

2. 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?

Frankly I don't think anything is working well.

There is an over reliance upon medication to resolve the mental illness which is a false belief. Treatment should not rely upon medications as they do not resolve the mental health issues each person may be facing. There is a growing body of research that points repeatedly to findings that medications can exacerbate and chemically incarcerate these individuals which is counter to the acclaimed goals of the mental health profession.

All Dr's including GP's need to undertake Mental Health training to reduce their personal biases and negative stereotypes they have picked up during medical school and later training programmes or reading literature such as the DSM V manual and it's incorrect assertions on those suffering from PTSD induced DID.

Support services are more productive as they will return the individual to the community and socialisation such that they are not isolated or stigmatised or incarcerated by inappropriate medication.

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

Not sure that anything is working well if we continue to have high ongoing numbers of suicides.

There are hidden suicides (accidental) where individuals may have consumed psychotropic medications prescribed to them and an opioid analgesic and drunk alcohol and simply go to bed and never wake up again. Or individuals who have suddenly come off their medication or medications and are impelled by a well known and recognized withdrawal symptom to commit suicide (Benzodiazepines are a prime example of this unpublicised cause).

Family members need to be educated by health professionals and the health professionals also need to be educated about the medications they prescribe as to the withdrawal risk symptoms or responses those who are withdrawing from their medications face and how to ensure they do not place their patients in this position of risk.

4. 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.

In our case the inability to access the Mental Health unit in our Health Service region because my wife was not suffering from psychosis but her symptoms did not match the typical withdrawal experience.
 A 15 minute conversation would have alerted us and the Hospital that there was a more serious physiological condition being experienced simultaneously with the withdrawal symptoms. This was eventually diagnosed by an allergy specialist as anaphylaxis to mould from air conditioning systems but also an allergic reaction to all chemicals.
 After three full anaphylaxis events that were thought to be Mini strokes TA the local staff within the Hospital recommended we drive to Melbourne and avoid seeking help via the Emergency Department because of the biases of the triage nurses who simply treated it as withdrawal from a Drug addiction when the medication had been prescribed to manage the distress of dealing with as the psychiatrist said horrendous sexual physical and psychological abuse.
 So from our experience accessing any mental health service was a waste of time and extremely dangerous to my wife's immediate physical health.
 Mental and physical health is the responsibility of all Health Service personnel and should not be subject to personal biases from a GP or Front line service delivery personnel such as Triage nurses or impacted by budgetary limitations set out by Hospital Financial Management.

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

Inappropriate budgetary restrictions on Mental Health Services and who is eligible to access those services.
 An inappropriate reliance on medication to resolve or dampen down mental health issues. One friend has been medicated for over 20 years for deep depression has been unable to work suffered a relationship breakdown and is experiencing physiological health issues that are known outcomes from prolonged use of some medications used in mental illness management. In another instance a early teenager at 13 being described Xanax and at 34 after several attempts took his life due to the medication tolerance withdrawal symptoms generated. Or in a third instance a person on Xanax now experiences fibromyalgia and ME. Both known outcomes from prolonged use of Xanax.
 Doctors seem to have the view here's a script and you will be right.
 The inappropriate prescribing beyond recommendations from the manufacturers of medications by GP's and specialists to young babies and young adolescents. Creating havoc and destroying their lives.
 Tighter rules and responsibilities need to be applied to all Dr's because it is obvious from our experience that this medication is not safe and it is recommended only to be used for 2-4 weeks ever as repeating it can result in the creation of dependence and the rise of Tolerance withdrawal.

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

Family members and carers need to know that those supervising the mental health conditions are competent and not relying on medication to resolve the problem.
 That they if need to they can access support services that can provide counselling to help them care and manage the day to day lives of all family members.

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

Eliminate incorrectly applied budgetary controls that prevent a speedy resolution of the mental health issue confronting them. Budgetary decisions also need to factor in the costs to the community of a person suffering from a mental illness and the impact that it has on that individual, the immediate family member carers and include the impact on any children within the family unit and treat those costs as a benefit to the State if the issue is addressed. If it isn't addressed then it becomes an economic cost to the State.

It is well documented that an acquired disability and a mental illness is one such acquired disability has a huge economic and social well being impact on them and other family members with respect to financial security, education and participation in the community

8. 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?

Treatment services for people living with mental illness represent the largest opportunity for them to improve both their social and economic opportunities and this is not facilitated by the prolonged use of medications. Medications simply deaden the manifestation of the mental illness and simultaneously cripple the individuals capacity to recover. By improving their social and economic opportunities we are adding to the States economy in a productive manner and consequently failing to fund and address mental illness contributes greater negative impacts on the States economy as we divert resources directly via the consumption of health services on an ongoing basis and the family withdraws other members to help manage the situation. Those suffering from a mental illness need to be able to access a treatment service that focuses on CBT and reduces reliance upon medications. They need to be treated for allergic reactions to the myriad of chemicals they encounter as research is now showing that the chemicals used in personal care products foods consumed, cleaning products have significant health impacts via our biome and direct physiological impacts on the individual prescribed medications.

These physiological responses range from the early onset of Alzheimer's and Dementia, to Panic attacks, chemically induced anxiety, outbursts of anger and violence. All of these are also manifestations of Tolerance Withdrawal to prescription medications.

Community education also needs to be undertaken to reduce the stigma of mental illness and potential causes of mental illness and that support for those suffering a mental illness requires a recognition that a mental health condition is akin to a broken limb or a cancer. Not something to victimise the individual.

9. 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?

Within our region the Health Service provider has reduced access to Mental Health Services provided to only those suffering from psychosis. This has been implemented from a budgetary constraint perspective and has serious negative consequences psychiatrically, economically and socially pushing mental illness sufferers and their families to the margins of society and punishing children and teenagers in those family units to lower education and employment outcomes.

The negative and hidden costs created in society by the inadequate funding of Mental Illness management and recovery must be determined because reducing them, by providing appropriate Mental Health Services adds to the economy rather than simply being a cost. These nominal savings should be included in the preparation of Mental Health Budgets to reflect the positive fiscal and social equity benefits accruing to all Victorians from adequately funding Mental Health programmes.

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

Adequate funding not subject to arbitrary budget cuts unless of course we are able to achieve target outcomes without compromising services and or the outcomes desired which are speedy return to health and on going social participation in the community.

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

There is a dangerous negative attitude within the medical community towards those who are suffering from a mental illness that may have had it's roots in abuse as a child or acquired PTSD as an adult. GP's and other specialists not of the Psychiatry profession have an unhealthy habit of prescribing medications. Unlike antibiotics, medications used to address Mental Illness do not cure the disorder at best they provide a limited window of opportunity to set up and follow a CBT approach to resolving Mental Health problems.

All Drs who wish to prescribe these medications should attend mandatory training in the use and prescribing of these medications and undertake regular update training in addition to being required to attend regular professional updates on the best practices for managing their patients suffering from a Mental Illness.

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Yes No