

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

SUB.0002.0018.0010

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

"One major suggestion is investigating how well the school curriculum is informing young people on the prevalence of mental health issues in the community. A good start would be covering the major disorders and strategies for when you or someone you know experiences these. I would like to see mental health first aid courses rolled out in schools and workplaces, to empower young people and those who work with them to know how to support others when crisis happens. In my P-12 education graduating 2017, it was never covered except in a single session with wellbeing staff when another completely different external program was cancelled. This is a concern. Health Harold is a prime example, all young people I speak to remember the day in visiting van and what they learned. Why were these programs covering vital issues like substance abuse, healthy eating cut? I would like there to be better recognition of how conditions such as ADHD are constantly comorbid with mental illness, particularly for teachers. I have intimately felt the impact of awareness or lack thereof in my own experience. Going undiagnosed/untreated has caused anxiety/depression on its own, but this is compounded with negative labels that come out when underperforming. Often these include being publicly berated and made to feel like it is one's own fault. With 'team learning' this is even worse as one will be made to feel like they have let their peers down, rather than staff going for a better approach flagging this may be an issue and not penalising other students. This would extend to mental illness in general, when someone is not able to function others need to understand it is not always a conscious choice. "

## **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?**

"There must be better links from services like headspace to psychiatric treatment in the community, or 'middle tier' and there shouldn't be any waiting until issues become acute. Waiting lists must be drastically reduced. Access to clinical psychologists also seems to be an issue. Precipitating factors in general, specific disabilities or disorders that can cause mental illness should be more well recognised. For instance, I was not diagnosed with ADHD until I had a very serious crisis, which finally persuaded a paediatrician to refer to an exceptional but expensive psychiatrist who got to the original cause. Before this, treatment for depression/anxiety was completely ineffective and I continued to suffer immensely. Money shouldn't be a barrier, these preventative services should be bulk billed for those on low income, which will be most students unless they have a high level of support from parents/carers. "

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

"I cannot emphasise enough the need for youth specific 24 7 crisis helplines. I note the high volumes of calls in Victoria to kids helpline and the fact that the service has more flexibility to the service provided by headspace in terms of being available 'anytime'. As a person who has greatly benefitted from this service, I highly commend their work but feel strongly that they should not be

relying on donations to their charity. I felt less guilty using them knowing that they are paid professionals and the 'any reason' aspect, ie I am not clogging the service when they are talking to someone who is in perhaps more of a crisis. Ideally a chat service run a similar way would be beneficial, as many of us youth are now phone shy as most services and communication are now online. Of course, these should be backed by a high quality 'stepped' service. Also ideally a chat service run a similar way would be beneficial. Although probably much more effective, many of us youth are shy and don't always feel comfortable using a phone service. Also continuing the face to face services of headspace for ongoing follow up, linking to services especially after crisis would be good. Another positive case study is the facebook group 'coming together to prevent youth suicide', which seems to have supervision from professionals but is also allowing peer support in a positive controlled way. These programs in more structured forms, such as kids helplines online group chat service should be encouraged. This is a good opportunity for those of us who have suffered issues ourselves but managed to recover or reintegrate, to be able to 'give back' in a safe way, where any more serious threats can be responded to. I feel deeply disturbed by reports of young people not receiving enough attention at the acute level, being refused help or pressured to leave in very short time frames. Care should be available for as long as it takes for medications to work, etc and a person in crisis shouldn't be sent off when they are unwell due to system pressures. This is troubling as those of us who have been in crisis will tell you 'rejection', like crisis calls being unanswered or being turned away reinforces irrational thoughts/feelings. Studying to work in the government system I now understand how it isn't personal but in a high level of distress, people simply won't differentiate."

**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.**

"I feel it is hard when good psychiatric care outside a crisis only seems attainable in the private system. It needs to be much easier for people to be referred to quality psychiatric care from GP or psychologist. The '10 visits' limit on psychologist visits may be a federal issue, but it is certainly not helpful in the Victorian context as this is not long enough. Finding an understanding employer or even knowing whether to disclose is hard. More services to find employers who will be supportive for those of us with mental illness, rather than ending up in the chaotic job provider system, is there a good state alternative? I'm sure many people will go into more detail, but the system is very disjointed in general and this certainly needs investigation. I know friends who have been referred from emergency to services that literally do not exist, that is not very helpful, where is the process to verify supports offered are legitimate?"

**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 the obvious issue to point to is unemployment, especially in outer suburban and regional areas. The whole centrelink job search system is just awful and doesn't seem to actually get us into the right direction where there is jobs at the end. At what point does the state intervene, so that these free tafe offerings, etc can be utilised? Could state try to encourage more businesses to provide supported employment for youth who need to get back on track? I believe there is a big need for community based middle tier mental health care for those of us who need it. It seems to just be that after discharge from hospital there is nothing and it is left to GP's to manage follow up. Yet it can be really hard to find a good GP, let alone one that bulk bills and waiting lists are long. The whole shortage issue must be addressed, especially in the more remote places that still have

people who need care."

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

"More information, who do they contact when they can't provide for the needs of their child? Case workers that work with parents/carers themselves, not just the young person themselves. Shouldn't be left with all the burden, looking after child who is ill. More acute residential beds while treatments take effect."

**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?**

"Liaise with councils to link people to the community groups running good social programs. I know the program of scouting I participate in has been fantastic for mental health, many opportunities and as leader of local program we're always happy for more members. Having case manager as people recover to ensure their effective reintegration."

**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?**

"As young person who has had all these challenges myself, I like the work of Patrick Mcgorry and particularly the idea of 'the middle tier', that will need to be built up. "

**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?**

"Space needs to be made for young people in acute care imminently to get help while this process happens. I have already experienced bereavement of a close friend and would hate to think that young people are ever pushed out in a time of distress. Surely this can happen now? This troubles me and whilst I understand the complexities of systems through my studies, we can't have this loss of young life in the interim. The inability of young people with ADHD to get diagnosed/treated in the public system must not be left out, I can't stress this enough as I would be continuing to suffer crippling anxiety/depression if I was still left untreated. As a very common disorder in young people needs to have a more prominent place"