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 communitys understanding of mental illness and reduce stigma and discrimination?
"Personal life stories, documentaries on TV & radio trigger discussion within the community. People feel that if they have seen it on social media then it's ok to talk about it. The term Mental Health is very broad & often the public envisions the most severe state of illness that can be frightening & stigmatised. Stress & anxiety need to be included in the conversations of Mental Health & identified as requiring treatment the same as a sports injury or a broken ankle. Recovery from wich is a process that a medical professional can assist you with. A Government campaign promoting this on multimedia, and in schools , medical clinics, & popular events, & the workplace : yes bring Worksafe on board; would help to reduce the stigma & broaden the communities perspective of Mental Health. The R U OK? organisation appears well accepted yet is run by a staff of only 9 people & on donations. Govt. funding could bring this & other similar organisations into schools , shopping centres & workplaces helping to bring awareness to Mental Health & reduce the Stigma. "

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?
"Organisations run by Churches & charitable institutions carry much of the load in this area. They have formats & procedures in place that have not been encompassed within all the local Government Mental Health departments , but they could be. With Government financial assistance their services could be expanded to take referrals from GP's and the general community. These organisations provide Counselling & Psychology on a sliding fee scale & pro bono when required. Mental Health treatment needs to be affordable. The medicare gap fee system is not affordable to most & cost should not be the prohibiting factor to receiving treatment.The stresses become worse while the person tries to budget & their mental Health deteriorates further. Further training of GP' for holistic patient care :often they have first opportunity to identify an underlying problem & encourage conversation rather than merely prescribe medication.If a patient leaves the clinic & takes his problem with him, an opportunity to help or save a life has been missed. Follow up requests by GP for the patient : to see that the prescribed treatment is working & referrals have been acted on by the patient. The patient needs to feel valued. Self referral for counceling should be as easy as walking into a medical clinic & making an appointment with the physiotherapist. More Psychiatric proffesionals are required & within existing clinics so they appear to be a normal part of mainstream medicine. Access to Psych. services at pre-school & schools: a small number of schools have a psychologist /councilor. These are paid for within the schools own finances & so not all schools can offer this but it is one of the earliest opportunities to monitor healthy interactions or otherwise ,of young children & adolescent years when personal development can be difficult & also influenced by bulling. Money spent here would improve outcomes & reduce problems in maturing youths. This service should be Gov. funded. "

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

"Currently patients are reporting to out- patient Mental Health clinics weekly for upto one month following discharge from hospital after a suicide attempt. This appointment is with a clinician not a psychologist though they may also see one attached to the clinic or privately. Currently there are loop holes in monitoring attendances & families/carers are un aware if their loved one is attending or not. Clear guidelines for ongoing care should be available for healthy interaction between treating proffesionals & the patients family / next of kin & the patient. If the patient is over 16yrs they do not technically have a ""Carer"" which is problematic in its self: while the patient is still unwell they should be in the care of a responsible ""Carer"" who they trust & loves them or will take on a Carer's roll during this recovery period. The patient should not be living alone even if they want to as this reason could be to provide opportunity to self harm. Whilst the patient may have periods of appearing well this does not mean they don't have thoughts of Suicide ideation & I don't believe this can be determined during one consultation. At this point the health department may well have provided excellent care yet this period is crucial to full recovery & the ongoing process is full of pitfalls & is unclear to both patient & family/ cares. Mandatory supervision of patients following an incomplete suicide attempt for a min of 4 weeks & up to 3 months with regular psychiatric therapy has been undertaken in at least one Australian state & should also be mandatory Australia wide. Attendance to appointments during this time should be monitored & care person advised immediately of patient's non attendance to appointments. An understanding between the patient, Dr & carers /families that the attempt of suicides indicates that the patient was unwell & the act itself now evident can not be brushed over with an attitude of : Yes of course that would be distressing , you have had a rough time but now you will be ok"".Treatment must be undertaken & the burden of decision making not added to the trauma of recovery, & a multitude of follow on effects such as embarrassment , loss of income due to time off work, or job loss ,inability to care for children, homelessness etc.Whilst The Act states the patient is to be involved in decisions regarding their ongoing treatment, it also states that the patient & treating professional should develop a close relationship . In the event a close relationship has developed the patient may be willing to follow suggestions by the practitioner that are in their best interest but not always will the patients choice be safe & the discharging Psychiatrist should consider the families concerns before discharging the patient. A pooling of valuable experience form Charitable organisations such as Lifeline , Beyond Blue ,Hope Berevemnet etc. including their basic guidelines for assisting distressed persons ,should be made available to all treating facilities & clinics, as much expertise & Funding has already been spent to develop their strategies & yet basic information eg. ""never leave a person threatening suicide alone""which is attached to one of Lifelines donation mailouts is not available on discharge from hospital or by the local mental Health Department to the families /carers of person following an incomplete suicide attempt. Whilst mental Health Act states it is to include Families/carers, as yet this is spasmodic & valuable information is missed ,& time lost ascertaining patient history. Any psychologist or professional who has treated a patient admitted for depression or attempted suicide should be informed by the hospital of this admission & invited to attend the patient or to provide a history."

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.

It is not affordable. Wait times are lengthy :6 weeks & over for first consult. & sometimes the patient must string out ongoing consults because they can't afford to attend or the provider doesn't have availability any sooner. Locating services can be obscure : not everyone requires emergency help so doesn't ring Lifeline & don't want to or can't afford to see the GP to get a

referral.They may not even consider starting with a GP. Not all services that are available in inner suburbs extend to outer suburbs & country/regional areas. Not all are linked & the lay person is not aware of how they connect.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Isolation Old ideas of keeping their problems to themselves. Unemployment & nothing to do : lack of stimulation, or no involvement in community activities. Lack of services local to them. Lack of transport & the cost of travel can be prohibitive. Some mental Health patients do not cope well on public transport & so bringing them into the city centres at the moment is with expensive taxi vouchers. Better to take the mountain to Mohammad where multiple patients can be treated on a regular basis by visiting professionals. Appointments made in the city for country people do not consider transport timetables: it is not possible for say Colac resident to get to Melb for a 9am appointment. Some country hospitals do not have resident psychiatrist nor one in the town. Its not affordable. "

What are the needs of family members and carers and what can be done better to support them?
"They need to feel valued. Their opinions should be respected. They should be advised of & where possible be included in their loved ones ongoing care & any changes to their current treatment or medication, & proposed housing arrangements They should be advised of when the patient will be discharged & if it is back to the Carer , that they are able to manage at the proposed time, or able to assist with the patients immediate needs at that time or not. Access to treating professionals / case manager by appointment or return phone calls. They should not be worried that they must stay for hours at a facility incase they miss an opportunity to speak to the Dr. nurse or clinician. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Increase staffing across more shifts Consider staff needs & preferred shifts where possible when preparing rosters. Employ Peer support workers

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?
"Realistic interaction with Centrelink when matching ""capacity to work ""forms from Mental health patients to Agency workforce providers. Centrelink co contribution to businesses who will employ & where necessary re train people living with a mental illness."

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?
"Affordable Mental Health care:Lift the 10 session Medicare cap & reduce the gap fee. Change the Privacy Laws so practitioners are clearly & legally able to share patient information with other treating practitioners , family/ next of kin if the patient appears at risk of self harm or harm to others. Review current practices within Hospitals to ensure that they have the ability to work within their matrix & that directives are not given by staff less qualified than best practice demands. Discharge from hospital of a mental health patient only after a minimum of 2 direct consults with

patient & Psychiatrist or psychologist & also consultation with Family/carers & only when adequate on going care can be provided. Provide more services at acute times such as Christmas. Promote the provision of psychiatric care services, within General Medical clinics. Additional training for Gp's to recognise mental Health issues in their patients & refer patients for therapy in preference to medication alone. Encourage & promote Communication between practitioners where the patient attends multiple Practitioners. Establish a 2 tiered system within the mental Health system a""Safe place"" for recovery of those suffering with depression , anxiety, Borderline personality disorder , & post an incomplete suicide, that can provide supervision & access to Psychiatric personnel ,but is outside of, yet has access to a mainstream psychiatric hospital.This could also facilitate as an ED for patients presenting at times of acute anxiety or depression & operate 24/7. Reduce wait times at ED: often mental health patients have used the last of their coping mechanisms when they present & that is because they don't know where else to go. They may leave before waiting the stated 6-8 hrs currently accepted & this in the case of a suicidal patient may lead to a potentially avoidable death. "

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

Promote & encourage students to study for a career in mental health /become psychologist etc. Employ Peer Support Workers. Give financial support to those organisations run by charities that are already working in this area so they can expand & safely cater to a broader sector of the community Eg. domestic violence

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

"In my experience many victims of suicide have been described as being extremely kind hearted, selfless caring people that often go out of their way to assist anyone in need. Their pain is hidden from most who know them. Sometimes close family members know that something is wrong yet can't persuade them to seek help; they have slipped through the cracks over many steps.The stigma locks them into a double life of secrecy, and anyway the cost of therapy is prohibative whilst the System & Laws of Privacy help provide their licence to die. Thank you for letting their voices ,and others who suffer, be heard."