

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

## Organisation Name

N/A

## Name

Mr Damian Moore

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

"Increase publicity around the impacts Mental illness has on people's lives as individuals and of those who care for them. Compulsory Education and training within All Victorian High Schools. Improved access and support for those who have experienced discrimination/stigma associated with their illness. The various organisations receiving funding from State Government to actively promote the proposed services around pursuing discrimination and assist in educating employers, employees and those suffering from a mental health issue. "

### **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?**

"In my experience part of the system worked reasonably well in identifying an initial issue, but beyond that, actual treatment and navigation through the system was a nightmare. There appears to be good / better work being done around recognition of potential issues - eg Headspace, Local School Counselling et al, but it stops there and moving onto next stage of seeking help can be quite traumatic. Do Better - The system seems set up adequately to deal with more simple clinical issues, but more complex issues become too hard. Resources need to be directed/redirected better and triage systems in place to deal with complexity at the start. Then resources need to be able to be shared across the whole state without issue. Defining treatment via local areas can sometimes leave some areas without resource and others with too much. Standardise approach across the whole state in terms of adolescent care."

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

"See above. Early recognition is not bad and I will say that at the very least the system we experienced at least prevented suicide. The approach was risk management rather than treatment. This appeared to be a resource or funding thing in that we 'risk manage' until a resource is available and then we try to treat. Once again - ensure or insist upon a collaborative, sharing approach across jurisdictions for resources. For example - if a particular Therapist is available in another Area with different management eg Austin Cahms and Box Hill Cahms, then get that person into assist the patient without hesitation."

### **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.**

"See above as well in relation to service linkages. IT systems need to be upgraded to reduce times Therapy staff spend on file note input and managing appointments. The systems should also be updated pretty much immediately and shared across hospital and mental health system. Issue - See Therapist one day and present at ED 2 days later and updated notes not available on system for ED to review. One key issue for me is around funding, not just levels, but actual use and

efficiency of that funding. There should also be real transparency around funding and uses, particularly for Organisations receiving say more than \$10M in annual funding. Full financial data to be available and those organisations reporting publicly around efficiencies in terms of treatment/therapy hours. They should show how that funding is used and how efficiently by reporting on actual treatment hours. We need to make the organisations and as such the staff involved, responsible for the funds they utilise. If inefficient then ability to stop and change that to another organisation should be able to be done. Potentially separate the Mental Health Components out of the larger Hospital/Healthcare organisations so better view of funds usage can be achieved and more responsibility rests with the mental health component. That way, we could measure potential positive impacts of increased funding. Additionally, support and services linkages need to be able to be linked to and with Private Practitioners. At times I was advised if I went Private, I would lose access to part of the publicly funded system, which is bloody ridiculous. No one should have a mortgage over State funded facilities and Private Practitioners can help alleviate pressures on parts of public systems. This gets back to the more complex mental health issues. "

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

"Location, location,location. Shared resources, better technology that is shared and can be used across different locations and suppliers. Use technology for video conferencing , but provide rooms and privacy set up correctly to aid in therapy and treatment to occur under Video conference. Do not discriminate or make it a rule for someone to stick to an Area or local area where they live. Allow movement across state regardless of where you live. If it is funded by the state then it IS A STATE RESOURCE THAT EVERYONE SHOULD BE ABLE TO USE."

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

"Much better information around the options available to them. Too often rely upon those providing treatment and they are under enormous pressure. Provide Family specific advisers or advisory panel to assist, and this is separate from those providing the treatment. Create an independent Organisation designed for this sole purpose e- eg Helping Family and carers navigate the system. I was lucky enough to be able to use my employers EAP as a form of consultancy/advisory for this."

**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 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?**

N/A

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

"Budget, Infrastructure - both physical and technology. Organisations currently funded and proposing to continue receiving funding need to commit to upgrading part of this themselves , in conjunction with government. Not sure whether funding is via Block funding or via treatment hours. Need to look at aspects of NDIS and how organisations are funded under that. Maybe move to a mix of 'consumer choice' and current model with access to Private also part of overall structure."

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

"Yes, the system is broken and not good. Staff in public funded areas do care and try hard but are often overwhelmed due to a variety of issues, not just lack of funding or not enough people. Utilising Public and Private resources in a combined fashion will assist in overall improvement."