

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

SUB.0002.0032.0082

Name

[REDACTED]

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

"Have a good understanding about how rural communities prefer to receive health related information and where the networks are that bring numbers together to hear information. Compile and release statistics to the rural communities about the prevalence of mental illness for those people living with mental illness and other co occurring illness, disabilities, multiple or dual disabilities and where and how the community can have access to consultations about their experience /seek treatment/ obtain support if in a carer role of a loved one experiencing these problems. Release the statistics, relevant diagnostic measures and treatments available in multi formats. Ensure information is current. Facilitate to access services by bringing clinicians to the communities. Provide travel vouchers to those with limited income to access outside their community. Supply qualified mental health registered nurses into rural communities to provide outreach services to those affected. In days gone by mobile outreach services were taken to communities providing general information /clinical services information/treatments. I do believe this could have a role to play in getting information into the heart of rural and remote areas. Educate mental health is part of lifelong health and welfare. It is critical to provide relevant information directly to rural communities and continuous access to treatment"

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?

"Our 45 year old daughter has Down Syndrome, Antiphospholipid Syndrome (lifelong blood clotting disorder), Coeliac Disease, deafness & Obsessive Compulsive Disorder (OCD). The OCD was diagnosed when she underwent medical and psychiatric assessments at the Centre for Developmental Disability Health Victoria (CDDHV) at Notting Hill. She was 38 years old when the psychiatrist at CDDHV diagnosed her OCD. I only became aware of CDDHV via another mother who had taken her daughter with Down Syndrome to the centre. It was quite a journey to access the centre from Central Victoria and return home again. My daughter's GP does not initiate inquiring about the OCD she has unless I raise the topic. I did take my daughter to [REDACTED] in 2017 for a review consultation with the same psychiatrist now in private practice who diagnosed her OCD in 2012. The consultation was required because issues had arisen. Private fees were \$425 for my daughter & \$375.00 for myself for an interview other than the patient x 45 minutes. Medicare rebate for my daughter was \$370.05. It was worthwhile for my daughter and myself to better understand her OCD problems and provide appropriate support to her by me, but due to difficulties accessing the CBD & the fees it is unsustainable to return to the services of the psychiatrist. Nothing is working well for my daughter now other than what random support workers who are empathic and possess some skillsets in mental illness come in and out of her life and the continual support we as parents provide. Her support organisation do not initiate any specific attention towards her mental illness issues unless I prompt them to do so. I have only been able to manage intermittent professional help for my daughter. The lack of continuity in accessing

professional support/treatment for my daughter worries me greatly. I have no idea how to prevent mental illness occurring as I believe psychiatrists and specialists practitioners in mental illness are the ones with the knowledge and skills to inform about this. "

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

I do not have direct personal experience with suicide nor do I believe I am qualified to reference better suicide prevention however I do know that rural areas are suffering deeply from extreme disadvantage due to non viable farms/chronic unemployment ; isolation ; lack of alternative employment opportunities; lack of retraining opportunities and lack of capacity to explore options for a brighter future. All this leading to generational unemployment / chronic disadvantage. If all these problems were reversed and replaced with opportunities for employment /vocational choices plus diverse recreational options resulting in the whole of the rural community became stronger with a future for the families and individuals perhaps this might prevent suicide

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.

The lack of consistent and sustained access to long term professional treatment and ongoing long term support. Ideally it should always be available and tailored to the individuals needs. Continuity is the key not having support programs being dependent upon availability of funding which is so often the case. It makes sense to provide continuous support because mental illness is lifelong with acute periods of heightened stress and non acute periods Take the services to the rural communities or if travel to regional centres is the only option provide ongoing practical support to those who require it for example establish support programs that include providing services in the homes of those who struggle to make decisions and get out of bed to leave their home to attend for appointments. Supports may be indicated to accompany a person to treatment sessions if that is what they would like to happen . Issue travel vouchers /recruit and train volunteer drivers in 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?

Intergenerational unemployment and poverty Lack of empowering opportunities to break away from the intergenerational problems No access to mental health services Lack of educational capacity Lack of income At risk to be homeless Lack of alternative developmental/social activity when unemployed Malnutrition Dental disease Overall poor health outcomes

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

Gather this information directly from these affected people

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

Work in teams not as solo clinicians

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?

support in place to empower their recovery including their belief in themselves establish group activity to support socialisation develop physical activity programs facilitate accessing companion animals facilitate library access resume or commence educational opportunities technology access to arts gardening companionship

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?

State and Federal Government must take the advice/recommendations by the Expert Advisory Committee to the Commission. The committee is made up of eminent individuals capable of providing the way forward to reversing the existing broken mental health systems

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

Follow the recommendations and reforms set out of the Expert Advisory Committee

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

Improve continuous access to mental health clinicians for rural communities