

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

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

"There needs to be more education for health professionals (nurses, doctors, psychiatrists) about highly stigmatised illnesses such as schizophrenia, borderline personality disorder and eating disorders that occur at a healthy weight. Often these professionals are of the opinion that these disorders present in a uniform way and that is not the case as there is much variation, and not everyone experiences the same symptoms. There is the stigma that repeated suicide attempts are a form of attention seeking behaviour and these patients are denied humane and proper care and may go on to succeed at suicide. People with eating disorders may be told they do not have a problem and are unable to access specialised services due to their weight, which may cause them to decline further."

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?

"Campaigns by Headspace are effective at encouraging young people to seek support. More support needs to be available to people who have experienced trauma, violence, severe poverty and homelessness so that they are able to deal with what has happened to them before it causes them to develop other issues."

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

"Crisis intervention services (like inpatient wards and CATT) help in life-threatening situations however they are not a long term solution and do not promote recovery, merely immediate safety. Integrating psychological therapy, for those who are able to utilise it, into hospitalisations could make them a more therapeutic environment and thus incite hope. More support needs to be given to people following a suicide attempt."

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.

A major difficulty is that the public mental health service is often centred around case management and does not provide enough opportunities for psychological therapy or sessions with psychiatrists that go for an adequate length. The services are often rushed due to high demand and the use of the Medicare funded psychological sessions is difficult for many people because they are not adequate.

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

N/A

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

"Informational sessions (like those provided by Orygen) can be instrumental in increasing understanding of mental illness, thus aiding their ability to support loved ones. Additionally, the opportunity for support groups can be a way of accessing support without feeling like they need to be sick themselves to seek help."

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

"More opportunities for supervision, especially with clinicians working with demanding clients."

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?

"There is an increasing need for more public services to cater for young people aged 16-25 in the one place, and for these services to not be limited by a time period (eg Orygen has a two year limit which is not adequate). Services such as Headspace are useful but do not offer the higher level of support needed by many. Being thrust into the adult system as an 18 year old is daunting and the system isn't built for dealing with young people who have different needs. This also extends to inpatient services as adult wards can feel extremely isolating and unsafe when they consist of primarily older patients. Often younger people are in the early stages of illness and re only just becoming aware of it so need more education and support in working through that. The mental health system also needs more psychologists as case managers, or other health professionals to be trained in therapy techniques. Case management alone is not enough for recovery and it can be frustrating for patients to attend sessions for a long time but not make significant improvements, and thus can cause them to stop seeking help. There needs to be more coordination between general mental health and eating disorder services. Both are flawed in that they do not provide adequate resources alone. Eating disorder services are lacking in that they rarely involve psychological treatment, which is necessary as they are a mental illness. The general mental health system is improving with the placement of eating disorder coordinators but there needs to be more awareness from other clinicians. Inpatient wards would benefit from the availability of psychologists and group programs to provide a more recovery-focused environment. Often they can feel like holding cells or a form of punishment and are rarely beneficial besides physical safety. "

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

"There needs to be more funding, clear guidelines and research."

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

There should be more opportunity for people with lived experience to be involved in service management.