

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

Organisation Name

N/A

Name

Ms Anna Lampugnani

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

"Community education. Consumers trained in public speaking going to schools, workplaces, community organisations to speak about their experiences. "

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?

I have heard that some younger GPs have a better education about mental illness and are more confident in dealing with it. I assume that this enables them to refer their patients to more specialised services.

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

Anna Lampugnani Suicide helpline. I assume that they are helping people but I have no direct experience of using them.

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.

"Risk factors are a traumatic childhood also in the present day they may be living in a difficult family relationship. They may have found it hard to finish their education so their job prospects are poor. They may have lost a number of jobs. Poor finances leads to stress so does unstable and substandard housing. Mental health services never link with each other or at least that has been my experience. They often don't even know about other services, they only know what is in front of their nose. Hospitals are like prisons and induces depression and suicidal thoughts, at least that has been my experience. I had a dreadful hospital psychiatrist. He bullied and belittled me. He also bullied the staff who knew what he was up to but they were scared of him. In another hospital I had a psych nurse who yelled at me and insulted me because of my mental illness. She hid her sadistic streak because I asked the other nurses what they thought of her and they all said she was ok. Because of my age, over 65, I am not able to seek employment advice from any disability employment agency. This is very unfair. I have several part-time jobs which I found on my own."

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

"Poverty. Lack of education. Lack of job training. Lack of assistance to find a job if you are over 65. Lack of stable and suitable housing. Lack of hope which leads to drug and alcohol problems. Homelessness. Things that need to be done is to make education equal in quality for all. Education to include things like domestic violence, family relationships as well as readiness for tertiary education. More social workers that specialise in mental illness. Community health centres

to be well run as well as given more money. If you are homeless you are stuck. The waiting list for community housing must be eliminated."

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

Carers need to be educated as to what it takes to be a carer and well as all the pitfalls to be explained to them. They should be able to call to get a mental health care worker into their home if they need to leave the house e.g. to go to full-time work or education or for respite. They need to be given the opportunity to continue with their education or supported to full-time or part-time employment. If not then they will be a drain on the economy when they are older because they would have not had the opportunity to accumulate adequate superannuation.

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

"To get a cert 4 in mental health is now free however to get a cert 4 in peer work (mental health) costs a lot, about \$5500. That is not fair. Peer workers should be educated in being able to present courses i.e. all mental health courses not just peer work courses. They should also be encouraged into psych nursing. The psych nursing profession needs re-vamping. While in hospital a nurse told me softly that she herself had once been in a psych ward. That gladdened me at first but she immediately told me not to tell the other nurses because "you know what they can be like". I would like the nursing course to be designed by our peers. How necessary are these hospitals? Could there be a new model, something more home-like. I would like peers to be involved in the design and delivery of medical courses, psychiatry courses, psychology courses, also social work and occupational therapy courses. "

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?

If you are sick enough you get a case worker. They do stuff like encourage you to get out of bed in the morning. However as soon as you are well you are cut off and are on your own. I have recently found that there are occupational therapists that specialise in mental health. If it has taken me so long to find out about their existence I would imagine that some people never ever find out about them.

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?

"I would like more respect to be shown for VMIAC. I am a member but dont work for them. I have heard that Prof McGory thinks they are not representative. I was shocked to hear that because such a thought never entered my mind and I have had contact with them for a number of years. How disheartening. That was a kick in the guts to the very people he has built his career around. Peers have a motto of ""nothing about us with out us"". That motto should be the guiding principle of any reforms and any consultations. It was a big mistake for the government not to include a peer as one of the commissioners. It is like having an enquiry into Aboriginal welfare and have all white commissioners. It is like having an enquiry into women's health and all the commissioners being men. It makes me very disappointed and angry. Reforms should be less hospitals and more mental health in community centres. Peers must be involved at every level of reforms, education,

planning, implementing and reviewing. "

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

"Lots of discussion, lots of planning, lots of peer involvement. If you want improvements to last, then use bricks and mortar to have public housing built for those on the waiting list. Peers to be involved in checks, balances and reviews."

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

"My whole life and half my daughters life have been ruined my mental illness. Yes, I have had some support from time to time but mainly no support, no information or misinformation from people who should know better. Young people need to have a place to go, not a GP, not a hospital, where they can go to to get expert help when they first start to have concerns about their mental health. What happens is that they are turned away from existing services because they are deemed to be not yet too far gone. That is a silly as well as tragic situation."