

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

## Organisation Name

N/A

## Name

Ms Johanna Tracey

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

Education and awareness campaign. Prevention of discriminatory language and jokes that spread misinformation and fear. Keep up the transparency. Work on reducing the myths that people with mental illness are inherently violent by providing understanding and correct information. Use tried and true methods like the smoking info and DV. Teach people how to best to respond to someone struggling with fears and delusions. Use Media

### **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?**

Peer workers Awareness campaigns Early stage anti-discrimination projects Footballers and sports people - mentors Needs: PACER programs - need expanding People get turned away all the time. Needs better access to community services More PARC type programs needed Hospital environment needs to improve. Nothing to do. Depressing and boring environments More nurturing environment with sensory considerations Promote more community involvement

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

I don't know anything that's working well here! Stop turning people away. Listen to the families. Use therapies before drugs.

### **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.**

"Loss of hope, lack of connection, negative self image. No motivation. No money What's working in Scandinavia? "

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

"Isolation, no supports, poverty and homelessness, Family breakdown. communication issues, substance abuse DV. Increase supports. Employ nicer people at Centrelink - stop treating the poor like criminals "

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

"Find them and Listen to them Provide respite services Community support -local Link them with services. Pay them a minimum wage and superannuation if they cannot work due to their caring responsibilities Provide information and support when the consumer is unwell. Provide info and pathways to different levels of help, as per situation. Hotline for help rather than hours of chimes

when waiting on the phone to Triage"

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

"Recognition, less paperwork. Allow them to work more creatively. Provide better support to the workers. Allow for own mental health days and peer support within the system. More support workers in the community to assist away from the office; home visiting teams. "

**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?**

"Involvement in community - make that compulsory, rather than medical treatments. Reward attendance in activities rather than . Provide good quality activities that are attractive. Embrace and rewards alternative therapies , such as Art and Music therapies . Fund it"

**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?**

Multifaceted - genuinely no wrong door . Length of stay determined by state of health rather than a policy of 2 in 2 out per day . Set up activities in the wards . Bigger areas for more personal space. More local support workers to help mentor or encourage. Better Carer services and recognition of caring role

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

Provide funding. No more research - just use the reserch already gathered. Look at what is being done in Scandinavia - get on with it

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

I forgot to say - need to take care of physical health of mentally ill people too.

My experience of the system before I knew anything about it was limited to television horror movies such as Hitchcock's "Psycho".

We didn't know [REDACTED] was ill. We knew him as different, a chubby kid, prone to temper tantrums and thoroughly spoilt by a family that valued the boys and held high hopes for a professional man to emerge in the years to come. The illusion was just that and much to my parent's chagrin, he chose to be a pop star instead.

Drugs and alcohol followed and my first touch with services was the trip to hospital to have his 15y/o stomach pumped.

Years later he was in his 40's, stoned on Zanax and high on cannabis. He was 6' and around 60kg's after Anorexia had wracked his body. His marriage had broken down and he was planning to go to Afghanistan 'to kill women and children'. He had been seeing a local GP who handed out the Zanax and a number of other drugs. The abusive phone calls came fairly regularly despite the attempts at convincing him to see someone, he refused.

The picture looks grim but when he needed to, he could behave like a gentleman.

Concerns for his safety arose when bizarre behaviors increased and he was threatening to harm himself and others.

I was working for a GP at the time who encouraged me to call the CATT Team. I called, explained the situation and provided them with my brother's phone number.

They called back after a short time and assured me that he was absolutely fine.

Despite my protests, they would not listen to me and were adamant that they knew how to gauge his mental state better than I.

A short while later [REDACTED] was found hanging in the stairwell.

The clinicians I spoke to never knew that.