

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

Organisation Name

N/A

Name

Miss Samantha Crowe

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

"It is my belief that Mental Illness should be treated as a public health issue. Mental Health is as important as Physical Health, just harder to see. Sharing imagery such as the brain scans of mentally ill people compared to those who are mentally well. Giving the physical proof of mental illness - but also evidencing the non-physical but very real experiences of people like me. People suffering and experiencing day to day life as a mentally unwell person."

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?

"POSITIVES: The 10-15 bulk billed mental health sessions when referred by a GP are exceptionally helpful & essential. My anti-depressants are on the PBS which is extremely positive as I was not able to work due to PTSD, Depression & Anxiety, but was still able to afford the medications I needed. CASA WAITING LISTS: I had access to the CASA services as a survivor of sexual assault, and while the waiting list was dangerously long, I was extremely grateful for the service I received there. The work done in specialist facilities such as this and the childhood services I received in my youth were life changing. WORKSAFE FOR MENTAL HEALTH: I honestly think that the work environments currently do not allow for a healthy mental status. So many employees are expected to work in Casual positions for full time hours - this does not allow for holidays or illness. A more effective employee reporting process when it comes to mental health - worksafe covering this issue. GPS ON MENTAL HEALTH & WAITING LISTS FOR PUBLIC PSYCHIATRISTS: When it comes to the public psychiatry system - the waiting lists are dangerous. GPs should not be prescribing anti-depressants, they are overworked and don't have the time to get to the true core of the mental health issue due to the complexity. The waiting list for Psychiatrists is absurd. I was forced to go through the private system despite being low on funds as I required a Female Psychiatrist (due to PTSD surrounding males) and could not wait 6 months to see one as I would not be here today. WAITING LISTS FOR PRIVATE PSYCHIATRISTS: Despite this, I still had to wait 3 months to see a Psychiatrist after a hospitalisation for a mental health episode. During that 3 month period I was placed on a SSRI by a GP that actually caused more issues for me personally, common with these types of medications. After airing my complaints I was taken off the medications by a kind and caring EACH GP, but she then said I should wait to see the Psychiatrist before going on a new one. "

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

"LIFELINE: The chat function of Lifeline is an invaluable resource, but I believe more training could be undertaken to ensure each experience is tailored to the individual who is suffering. I struggled to be understood through this function on the night I ended up hospitalised, and while it did not add to my pain it certainly didn't help my mental situation. LANGUAGE: Enforcing the language guidelines recommended by BeyondBlue - particularly in the News. Using committed/committing

when referencing Suicide is archaic and victim blaming. Watching the news each night (state level) and hearing references to suicide using this language is exceptionally disheartening & saddening. The correct terms and language to use as recommended by the invaluable resource that is BeyondBlue can be found on their website. "

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.

"PRICE, WAITING LISTS, AWARENESS OF HOW TO ACCESS, KNOWLEDGE OF WHICH TYPE OF SPECIALIST TO SEE, EDUCATION "

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?

N/A

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?

"EDUCATION: Educating communities such as sporting clubs etc. on how to understand and include mentally ill people. Oftentimes mentally ill people are seen as anti-social and rude especially in very social communities like sporting clubs. It's so important that understanding how mentally ill people behave is made a priority, this helps caring people to avoid alienating those they don't understand."

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?

"SHORTEN WAIT TIMES: Both in Psychology and Psychiatry, the wait times are dangerously long. They should be publicly available and treated as vitally as other life threatening illnesses. AT LEAST ONE GP PER MAJOR CLINIC WITH AN EXPERTISE IN MENTAL ILLNESS: having free access to one to three GPS in your regular clinic could change lives. "

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

TRAINING OF PROFESSIONALS AWARENESS FOR THE PUBLIC CONVERSATIONS AROUND THE REALITY OF MENTAL ILLNESS

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

"I was lucky enough to have an exceptionally supportive family with me through my crisis. If I did not have my family, there was nowhere for me to go. I was admitted to PAPU (Psychiatric

assessment and planning unit) at [REDACTED] Hospital twice in 12 months, and both times I was told I was not suitable to be admitted to a mental health facility because there were dangerous men there. I was suffering from PTSD after a sexual assault & I was actively suicidal. I was released to my parents house, but if I did not have my mother staying up each night to ensure I was safe, driving me to my mental health appointments and in some cases paying for them, I would not be here. There not being a place for a 24/25 year old woman to be safe after suffering abuse & mental illness is absurd. If I did not have my family close, as many women who suffer the same are unable to do, I would not be here. Or I would be sleeping rough & suffering in different ways. Changes to the way this runs and the number of beds and doctors available will change lives for the better. Will save lives. "