

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

SUB: 0002.0015.0025

Name

Anonymous

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

"I wish to respectfully suggest that more community information should be provided to address mental illness and that with modern medicine that it can be treated just as a physical illness. Unfortunately, you read in the news that schizophrenics frequently commit horrendous crimes and the public frequently assume with this negative publicity that all schizophrenics may be prone this way when the truth and the reality is that the majority of persons with schizophrenia are peaceful and should not be subjected to this negative stereotyping. "

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 was diagnosed with paranoid/schizophrenia more than ten years ago and have seen my GP fortnightly for a [REDACTED] depot injection(which is only a minimalist dosage) and take 2 5mg [REDACTED] tablets daily with no recurrence of the symptoms and no discernible side effects. I believe the schizophrenia to be genetically based and therefore amenable to treatment but not cure and therefore strenuously continue with the medication which enables me to lead a normal life. However, it has not been possible for me to have the treatment reviewed by a psychiatrist (which is desirable) because I am totally dependent on the pension and cannot afford to see a psychiatrist because none of them bulk bill and consider that medicare should cover this and hope that this will be improved."

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

I am very positively disposed to taking my medication daily and the fortnightly [REDACTED] injection and seeing my GP fortnightly for this and counselling and consider that this is working and has worked very well over the last ten years to enable me to lead a normal life.

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.

"I think that there is stigma to admitting to mental health problems and an inability to have insight into mental health issues when they arise. Accordingly, I believe that GP's should receive specialist training in mental health issues so that they can detect them earlier in patients and refer them for specialist assessment by a psychiatrist who unfortunately do not bulk bill and are therefore to the very needy inaccessible and I believe that this urgently needs improvement. I was an involuntary patient and referred [REDACTED] after hospitalization where I eventually became a voluntary patient referred to treatment by my GP whom I have been attending over the last ten years most satisfactorily because I have never had a recurrence of the symptoms. I respectfully submit that psychiatrists and GP's should actively seek to engage patients verbally to allay them of any concerns and to reassure patients who may not have had

experience with mental health issues, that they are acting in the patient's best interests which may not always be evident if patients are suffering from paranoid schizophrenia."

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?

I consider that family members support and aegis for complying with medication of patients is very important and that they should be actively engaged in the treatment process by consulting with health professionals who are responsible for the patient's care

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

I consider that psychiatrists services should be bulk billed under medicare with no surcharge so that the disadvantaged and vulnerable can access them and therefore that the rebate to psychiatrists under medicare should be increased so that health care card holders can readily access them.

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?

I attend two Universities of the Third Age to keep me intellectually stimulated and socially engaged which is a very important part of treatment but unfortunately Universities of the Third Age are only open to retirees and people over the age of 55 and therefore do not cater for younger people who suffer from a mental illness and I believe that organizations should be established so that younger members can also be gainfully and productively be engaged and occupied as the social and mental dimension to successful treatment is very important.

Thinking about what Victoria's 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 wish to see psychiatrists bulk bill all health care card holders and therefore that the Medicare rebate be increased for psychiatrists to enable this vital access by those who currently are unable to afford the gap between what medicare provides and the fee that the psychiatrist charges as specialist assessment, treatment and review functions are all essential to adequate treatment of mental illness"

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

N/A

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

N/A