

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

SUB: 0002.0028.0425

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

"Education to children and adults about what mental illness is. Open and honest discussion regularly in the community about what mental illness is. Open discussion within education off all of the diagnosis possible that people can suffer. Public awareness to dispel the fear of psychotic mental illness. Actually talking about the psychotic illnesses as much as we do depression and anxiety and acknowledging and championing that they do happen and it is likely it will happen to someone you know, how to reduce the risk of it and how it can be treated. It shouldn't come as a surprise to people once they end up in mental health services that an anti psychotic with side effects is likely going to be prescribed, but that the currently the benefits of symptom control are better than suffering untreated psychosis."

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?

"There is not much left as what was working well has been defunded. MHCSS or even before that PDRSS without requiring NDIS packages was working well! Economic rationalism and public healthcare does not work well!! There is very little really. What works, but currently comes very late in the cycle of illness is assertive outreach to people who will otherwise not access mental health service. Linking them with ongoing support, management and resources needed to recover. Housing first model of housing works well. Actually providing affordable accommodation for people and reducing overall household stress due to the financial burden of accommodation works very well in preventing mental illness. For people to have a secure safe affordable environment to go home to does untold levels of prevention. This is running out and is a major failing of planning due to the economies obsession with growth. If we insist of growing all areas of society, the system and infrastructure that support it need to grow. Our clinical and community mental health services would function well if it and the structure around it were developed enough to keep up with the demand. "

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

"Nothing is working well. You cannot prevent suicide with a mental health service. Suicide happens for many reasons. The main reason being the person see's no other way out. If however, you develop and work on a societal system that encourages community connection. People looking out for people this might make a difference. The escalating poverty in this state and country is what is driving the escalating rate of suicide. Emergency departments having to push through people into acute wards or otherwise discharge because they might breach targets of 4 or 24 hours does not help. There are not enough acute beds for people to go to, there is no where near enough post acute care for people in a safe environment."

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.

"Life makes it hard for people to experience good mental health. What is good mental health? We only know from our own experience until someone else or something else shows us differently. Life skills, emotional stability and awareness play a huge role in this. For some people religion and politics makes it hard to experience "good mental health". Poverty, homelessness, addiction, violence, being born in the wrong family makes it near impossible to experience "good mental health". Supporting the system and structure from the bottom up, not the top down, will help to improve this. As long as we accept that it is ok for an Australian to be homeless, to go hungry, to experience violence, none of this will change. We need to get our priorities straight. We made to spend more locally before we can realistically spend abroad. We can build a better society by providing for those that need it and they will repay the system with being part of the solution. You already know the answer's to this question. What needs to be asked is why do we not implement the solutions. Provide funding to treat all presentations and be flexible in the way this is done. "

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

"Homelessness. Poverty. Housing affordability. Lower levels of education. Generational poverty. Family violence. Crime. Deinstitutionalisation. The defunding of community mental health programs. The complete ignorance and head in the sand mentality of all of the previous governments to not increase funding to health, housing and welfare services in proportion to population growth. Solutions: 1. Build more affordable housing for those that need it. In Victoria, at least 30000 if not 50000 properties with a focus on single self contained properties. 2. Increase welfare payments. 3. Increase numbers of acute beds in hospitals 4. Increase numbers of post acute beds, or even make them at all. 5. Increase numbers and accessibility to peer recovery communities (more housing) 6. Increase and expand Community Care Units (CCU) 7. Provide affordable accommodation for those that need supported accommodation, don't rely on SRS services that take all of a person's pension leaving them to disgracefully pick up cigarette butts off the ground in the surrounding streets because they can't afford to buy even 1 packet of smokes. This is not a life people should have to live. 8. Redesign community mental health clinics. Encourage assertive community treatment and outreach programs in all areas of Victoria. 9. Re-establish asylums but have the door open. 10. Actually fund and develop community programs for people suffering from Borderline Personality Disorders or emotional instability. Recognise that these people need a specialist approach, not everyone wants to work with them, but some people really do, reward it and take the pressure of emergency departments. These people may not need to be in hospital but they do need help and the problems are real. 11. Reinstate, community drop in centres 12. Reinstate past PDRS and MHCSS services that were working well. 13. Pay mental health workers, clinicians and doctors what they are really worth. Make the positions attractive. Increase holidays for them. Recognise that they are doing the work that no one else will and protect many people. 14. Change the mental health act to enable treatment in prison. Actually support and plan releases for prisoners to have health care, income, employment and accommodation on release. REHABILITATE PEOPLE!!! Don't disempower them and release them into poverty."

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

Employ more carer peer support workers and make them full time attractive positions to reward the work that they do. Family members need time to spend with treating teams. Give treating

teams enough time and resources to actually do the job properly. Family miss out because of the need for mental health services to churn through the demand.

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

"Improve working conditions. Improve pay and holidays. Don't remove entitlements. Improve paternity leave (currently 1 weeks paid, this is pathetic) Improve flexibility arrangements for parents. Reduce the workload expectations for staff. Improve the system as a whole, not just the mental health system. Build a system that works as a whole, develop positive possible outcome for the consumers they are working with. People cannot recover if they cannot afford to live. Make all positions full time, permanent with room for flexibility. Back fill staff when they are on leave. Develop a casual workforce that could fill this demand. "

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?

"Not much. Again, availability of affordable accommodation. A home. Sleep in a safe comfortable bed with less to worry about does wonders for everyone's mental health. If people have this simple, but currently for some impossible, infrastructure then they might be able to consider social and economic participation. Provide the basics of healthcare and welfare. Then come back to this question."

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?

"Whole of system funding. Accommodation for individuals and supported accommodation of varying degrees. Address poverty. Provide realistic healthcare. Fund the mental health system proportionately to the population. Increase funding to the whole system from intake, to acute admission to discharge and community follow up. Make it ok for people to need as long as they need to recover from acute mental illness. Stop the driver for discharge being the demand at the acute end. Develop levels of acute and post acute care. Build accommodation for those that don't fit in to the system. Create asylum and safe space for people who need it. Provide a specialist teams within mental health services separately for borderline personality disorder, homelessness, depression and anxiety disorders and psychosis. Don't expect that clinicians can do everything. Return funding to recent closed community mental health services this is leaving a gaping hole in service provision with the introduction of the NDIS. If not, demand the federal government actually pays for what is needed with the NDIS, this is a massive and complete failure of the system. Actually fund youth mental health. Stop this nonsense that is currently conducted by Orygen that young people can only access their service for 2 years. Eg. If a young person starts with Orygen at the age of 16. By the time they are 18, regardless of their development or needs, they graduate to adult services. If a person is 21, has a relapse, but had already engaged with youth mental health services for 2 years, they must go to adult services. If youth services are not able to provide service, share funding with adult services to develop youth services for those that need it. Start by removing the funding for the ""research"". "

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

"Build new mental health hospitals. New clinics with accommodation either attached or nearby for

post acute and ongoing support. Actually take the advice of the services proposals of how much funding is needed and implement it and continue to increase the funding whilst there is population growth. For the love of god, the people of Victoria need affordable accommodation. Address this need and there will be a significant improvement in mental health outcomes."

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

Please consider that the answers to all of your questions already exist. All of the services have been crying out for resources since deinstitutionalisation. The new institutions are now prison. There are people in prison that should never have been there if they received health care and support without having to resort to crime to survive.