

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

SUB. 0002.0025.0112

Name

[REDACTED]

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

"1. State the suicide death rate in the paper just as we do for traffic accidents. Both cause long term trauma for family members and yet we acknowledge the need to reduce the road toll by stating the facts. To allow approx 2000 people a year to commit suicide and not state it publicly, is a form of avoiding the real issues of why people commit suicide. Why not ask those that have survived? 2. Create a cohesive public mental health system by ensuring that a mentally ill person does not have to repeat their story over and over and over again. Each region we dealt with refused to accept the previous regions diagnosis! 3. Address the overcrowded emergency departments to ensure a 'person at severe risk of suicide' is dealt with immediately. Waiting for 4+ hrs is not good enough. We took our son home as he was so agitated waiting in a public hospital emergency area. 4. Stop workplace sectors: public, government, education and private from using insidious forms and methods of creating unbearable work environments. The stigma and discrimination from leaders/managers etc. if you are unable to thrive in toxic working environments. "

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?

"Our experiences with the public and private mental health sectors as my family journeyed with our son/brother, were traumatic and eye-opening as to just how vulnerable we all are under the current mental health system. I commend the Orygen Youth Health Services in [REDACTED] They set the benchmark for all our subsequent experiences which to the most part were appalling. Suffice to say I cannot state what is working well. Our son did not 'suddenly' develop a mental illness! Yet the current mental health services seem to consider people 'KNOW' when they are mentally well! I think this is one of the 'WORST' ideas ever! After years of dealing with what I thought was 'JUST ME', I am diagnosed with clinical depression at the age of 37. I DID NOT KNOW, I was unwell until then, medication changed my life! People very rarely know they need to get early treatment and support. The other major factor is that many mental illnesses begin developing in our early childhood/teenage years. Once the person is actively displaying mental illness symptoms it is already too late to get early treatment. This is one of the biggest shortcomings of the current system. The symptoms are being treated NOT the reason the mental illness began in the first place. "

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

"Preventing suicide - ASK those who have attempted suicide and survived, what made them keep trying to get better? Ask them what 'being suicidal' really feels like. Stop telling them what they should be feeling. Ask them how they face each day? Our son has faced his own mortality, his illness and looked into the abyss of 'feeling nothing'! He gets up every day, takes his medication and tries to create a life worth living for himself. He is on a disability pension and every day he

probably thinks he should 'Have a job' to be worth something in society. He cannot afford to live out of home, he cannot afford a car and would not be able to get a loan. He is 'Well' yet he is still discriminated against in being able to live well and independently. Survivors should be celebrated and acknowledged for the way they deal with their mental illness. We focus too much on those that have DIED from SUICIDE. How about giving those who choose to keep on fighting the suicidal thoughts some well-deserved credit. "

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.

"As I stated above, once symptoms of mental illness are evident and/or a suicide attempt occurs, it may have already been developing for decades. You don't know you are unwell until you are mentally unwell. So how can you prevent it? There are probably 1000's of people who will not acknowledge their addictive behaviours, self-destructive behaviours, aggression, etc are actually reactions to their poor mental health. Yet if you tried to raise this with them they would deny it completely. We need to work with the REASONS why a mental illness may/will develop. Not deal with the repercussions of long term mental illness. The current services structure seems very reactive not proactive. Each different service we dealt with for our son had to apply for his files. Each service had a different 'Mission statement', different levels of assistance and support. STANDARDISE the levels of service across Victoria. Stop each region disputing another region's diagnosis for a patient. This was a demoralising and unprofessional experience for our son. It also shows that regions must be competing with each other and allowing their own opinions to cloud the support they provide to clients. Address the 'preconceptions' held by some mental health services staff. Address the 'all mentally ill young men are drug users', assumptions. Reduce the perceptions by staff that family members have NO IDEA about their loved one's levels of unwellness. LINK the Services and ensure clients don't have to prove their illness over and over again to different staff. "

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?

"Our family's journey with our son/brother was traumatic, tiring, frustrating, disappointing and demoralising. Our son was sectioned in 2009 after a suicide attempt. This began a journey that continues today. The key things that we needed as a family were: 1. Why did everyone say 'Oh, his attempt was a cry for help' he must not have been really serious! How did that make our son feel? Even more unworthy, pathetic and suicidal. 2. Why didn't we get 'a casserole' and support at our son's near death? Our grief at our son's determination to 'Kill himself' was underestimated and also diminished his serious mental illness. He was alive, wasn't he? He looks okay. The biggest heartbreak was the lack of support from many of the people we thought would understand. The lack of understanding hurt us the most. 3. Family members are often on the 'Frontline' with their loved ones. Yet our concerns were often undermined by mental services staff. "

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

Increase salaries and raise educational standards. Value them more! Ensure they have empathy!

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 consider there are virtually zero opportunities available. Our experience is that our son may have to live with us indefinitely. He receives a disability pension but he cannot afford to live away from home. We live in a small rural community, no public transport available, we assist him with a car to use for independence. It is difficult to say this, but if our son was physically disabled he would receive much more support. There would be taxis available, ramps, etc. but people living with mental illnesses don't receive any tangible support to feel included within the community or be recognised as equal."

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?

1. Treat the REASONS we have so many people attempting suicide. Not just the symptoms. 2. Focus on STANDARDISING Mental Health SERVICES all over Victoria. 3. Recognise and acknowledge the effort suicide survivors make to stay as well as possible. Their 'insight' is underestimated. 4. Have an in-depth dialogue with suicide survivors as to what 'being suicidal' is like. We cannot ask those who 'succeeded'. 5. Address the current thinking that states a suicide attempt is 'A Failure' if the person survives. Remember we state that a person 'battles cancer' and wins the battle if they survive.

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

"We managed to introduce seatbelts, ban smoking, reduce the road toll, reduce plastic bags, we can prepare for better mental health by remembering to remember that once the symptoms are obvious it is already too late for prevention. Let's address the REASON'S we develop mental illnesses in the first place. "

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

I hope there will be much positive and proactive change from the Royal Commission.