

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

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Name

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

"The way we refer to the area of issues to do with the brain needs changing. Perhaps, Brain Wellness for Better Living. This would then include everyone as many people have one off issues and some have life-long issues but the common point is the brain at the centre of it all and that we all want to live a better life. This would also include anyone just seeking help with improving the so called soft skills of developing resilience, improving relationships, and those with adhd, depression or students learning how to cope with exams and even Alzheimer's. By including all humans the stigma would reduce quite naturally and then all workplaces and schools would be expected to participate in working in this area. There is no one on this planet who is perfect and would not benefit from some extra help or development of skills. The disadvantage is that governments would think it would create a lot more ongoing costs- but if it is relevant to everyone then every group in society would be responsible. "

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?

"General practitioners need better mental health training. Over the years I tried about ten times with different gps to suggest something was wrong with me and had it always explained back to me that it was challenging life circumstances and really I was fine. The last time I braved it, with a new gp whom I respected, she laughed and told me that nothing was wrong but she would refer me anyway. I had a few goes with people I was nervous about and then finally I ended up with a trusting relationship with a well-informed psychiatrist educated about adult adhd. My gp was really taken aback when she heard the result and since then I have been informing her about adhd with adults. It takes a lot to keep trying with gps who do not know enough or who look down on you or lecture you or dismiss your concerns. "

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

N/A

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 remember being acutely aware at the age of about 12 that there was something different about me and felt something was not right. I destroyed every solid friendship I ever had, I would question and test teachers out to work out if they were worth my energy or not and destroyed my own learning in the process. I knew I was bright enough and could not understand why I was like this. I went home sullen, moody and emotionally all over the place. I could not turn off my brain- it just ran and ran and ran and my parents would marvel at how much of a thinker I was and no one caught on how destructive this was. I was so lonely and felt in constant pain. I was seen as such a

trouble maker especially in Years 7-10. I could not understand why I found the concepts at school really interesting and not difficult but why it was that I could not follow through and apply myself and complete work. I needed outside observers to notice and help because I could not articulate what was happening in my brain. If I had been asked I would have replied, I don't know what is happening and I don't know why I am like this and I do not know what is wrong and no I am not happy and I do not like being like this! Even when I dropped out of school after previously having been the top maths student at Year 9, no one suggested that I visit a psychiatrist. It took until I was in my forties to get a diagnosis of ADHD and it was such a relief and now I am working hard at not repeating my mistakes and doing really well with medication even though it is cripplingly expensive. Now I am painfully watching my 4th son at 14 going through the same things (ADHD is apparently highly heritable) but I did not realise until it was too late and he is now refusing to access any help, school refusing and just miserable. If I had taken action when he was younger Again, as he went through primary school and was booted out of █████ Grammar for an attendance level that was too low, not one person suggested that perhaps there was something wrong. He covered it well at times because he is intelligent, and was sometimes accused of being lazy and not trying and when you grow up in a good family with three high achieving older brothers (2 doctors, 1 economist) and your primary school is in a rural and remote location where only 5/27 kids were at level for numeracy and literacy, you do not necessarily stand out. Now at 14 he stands out as a societal failure. What is the lesson here for helping kids get early access to better help earlier? People outside the family need to notice and say something, especially teachers. His teachers certainly noticed at █████, but said he would A grow out of it or B he was lazy. If something is amiss, teachers need to refer to experts for assistance - not judge the kids or the parents and certainly not punish them. As a teacher, and myself diagnosed and managing my ADHD, I see lots of mental illness in schools but feel powerless to help. I was told that there are between 4-9% of people that have ADHD but in my school of over 1200 students there would be fewer than 10 kids officially diagnosed with ADHD or autism???? There are some students diagnosed with anxiety and depression and plenty of school refusers. I find the attitude of most staff members to this is that those kids are naughty, lazy, faking it, have over protective parents etc and there is virtually nil empathy. No one wants to teach the known ADHD kids because they are often challenging when over the week a load of 125 students is just too overwhelming to manage any more demands. I have been told that I am not allowed to mention to parents that there might be other underlying issues - that is seen as the parents' business. Some of these parents do not see it as they are the same themselves and could be not diagnosed! I watch as there are kids who were just like me at school- smart but under achieve and nobody does or says anything and they are very challenging in classrooms. Some of these kids are not at one extreme end of the spectrum but may just have traits but knowing would be so empowering. I think several things would help: 1. There needs to be broad scale screening of kids each year at school to pick up any undiagnosed conditions or new episodes of depression and anxiety or just managing trauma as kids' lives do change. It could be as simple as community health centres having students fill in initial questionnaires when they are getting their vaccinations in Years 7 and 10. Students already do bullying surveys, surveys about how their teachers are performing and how happy they are with education overall but we don't check for mental health! Then students could be flagged and followed more closely or referred to their Gp. 2. Attendance officers need to flag concerns to health centres for home visits rather than provide punishment for wagging. The attendance officer role needs to be expanded to a welfare role as no one really wants to fail in life. 3. There needs to be small, friendly, caring, specialised classrooms within each school that cater for the disengaged trying to return to school that focus on re engagement or act as drop in centres for those with significant mental health issues. They should be encouraging self-worth and

successful experiences. Even if students play ping pong all day, it is a step in the right direction to get them to school and to connect with others. Sometimes all that is needed is a break from over stimulation or the noise or being able to eat or a place to recover from being kicked out of class when something goes wrong. 4. Every school should have mandatory mental health training or resilience programs for kids like the You can do it program. My high school has nothing - not even home room or a teacher allocated to be the main contact person. It is like students are expected to be self-contained adults the moment they arrive in Year 7. When my troubled youngest son went to a leafy eastern suburbs primary school the principal at the time told me that it was not necessary to have such programs as she had to account for every minute of every day in terms of academic outcomes to the competitive parents. 5. School reports should have a section about how students are coping with the soft skills such as getting along with others, participating in school activities, setting goals etc.. This way school is emphasised educating the whole child not just learning maths. This would be a way of discovering who has issues! "

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?

"I work as a teacher and find a full time load challenging with my adhd. I have specialist literacy skills and qualifications and know that I can do a good job. I struggle during the times that more is expected in a day such as during report preparation time at the end of a semester - I cannot teach all day, attend meetings, plan classes, keep assessing, write reports and proof read reports for others all at the same time. I struggle with parent teacher interviews that run until 9pm and I'm not home and able to calm down till midnight and then have to teach the next day. There are these times that we effectively work three jobs at once and then have the planning times during school holidays that are more like a normal load. For someone with adhd I have to put far more effort into many activities. I keep applying to go part time .8 and each year it depends on the timetable and who is in charge. With a .8 load it is all the same except I have one less class of students and it makes a huge difference. I do not want to tell my workplace why I want the smaller work load but have a letter from my doctor supporting my request but it gets ignored all the time because admin cannot see my medical issue overtly and I will not tell them any details even though they keep asking what the reasons are. "

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?

"The [REDACTED] residential unit is a disgrace - Children locked in a building that may look

nice in terms of keeping alive a heritage building but it is not suitable for the purpose of children's mental health. There is one tiny outside space that is all plasticky and fake. Children need trees and grass, space and fresh air to help them recover and deal with their issues. They need to kick balls around, climb trees, collect sticks and flowers and be in the real world. Biggest priority is to urgently build a new facility for mentally ill children in a garden ? perhaps repurpose the Abbotsford Convent? The nursing staff at [REDACTED] are not intelligent/skilled/trained enough to be making such big decisions about peoples' lives. There was only one psychiatrist overseeing the centre, and a stack of underskilled nurses who did not really want to be there, trapped in that old, limiting building ? I would question their mental health from the depressing experience of being there. While my 10 year old son was there, it seemed the focus of the staff was entirely on watching the interactions with parents to look for issues to teach parenting skills instead of working with the child. Only once could they find something wrong with our parenting and that was one episode where I encouraged my son to put on his shoes so that the staff member who'd promised to take him outside would actually do as he had promised. This one ten second incident was written up as a major episode by the nursing staff from weeks of being there and used to judge my parenting when all I wanted was for him to get to go outside as I knew he wanted that. The staff member allocated to be his main carer was working shifts with only 8 hours break between shifts to go home and sleep to supposedly keep continuity of care. He lived more than hour away so was getting 4-5 hours sleep every night and I watched as he got progressively more and more tired and did not operate well. The promises made by him to my son were not kept and that meant there was no trust and he learnt to just be quiet, shut up and stay contained in order to get out of there. His stay made him go backwards as since that time (now 15) he will not talk to any health professional about his issues. Certainly parents do need education but this needs to be respectful I wanted to know what I should be doing at home to help him and keep connected, and to help me stay grounded and not lectured about basic parenting skills. I was crying out for assistance but not wanting parenting lectures by not very intelligent nurses. They just kept telling me to set boundaries and enforce natural consequences ? well it is a lot different when your child runs on the road in front of cars as he wants to be dead. I have since learnt that consequences do not work very well for kids with adhd as they often know very well about their poor choices but try and try and try and still fail and then hate themselves for failing. Emphasising their failures makes things worse. No nurse at camhs understood that. I had to learn it from my own psychiatrist as I was processing my own diagnosis and thinking about my childhood and teen years of feeling like a constant failure. I am learning now to just be with my son and let him know that no matter what I will never give up on him and that failures need to be looked at differently and that it is never too late to return to education. Yes some children are dysfunctional from less than adequate parenting, but that is not always the cause of the problem and should not necessarily be the first thought. Also do not assume that kids with mental illness are dumb. The school staff invited him to attend the hospital school but they treated him like he was stupid- he in fact is extremely bright and while they were trying to dumb everything down to accommodate everyone and not create stress they did not realise that he wanted challenging work and needed help with organising his thoughts and ideas of which there is an unlimited supply! Next huge priority- retrain the camhs staff from well qualified and experienced psychiatrists - not from other nurses -that is the blind leading the blind using their own personal thoughts about incompetent parents. "

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

N/A

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

"The community are afraid of and not well educated about medications that help treat mental health conditions. There are great medications to assist people and these need to be acknowledged as being just like medication for diabetes or panadol for a headache. People in the community are fearful of medications. Whilst advertising medications creates all sorts of issues and may encourage their use when not necessary or have drug companies involved in moneymaking ventures that prey on people, it would also raise awareness of common medications, educate the general population and make such medications normalised. My colleagues freak out when they learn of the medications I take and suddenly want to have nothing to do with me, or lecture me on alternative regimes, argue they do not work, tell me I should not drive, think I use medication as a cop out and this leads me to hide my issues. This applies to students I teach too- the teachers freak out when they know a student takes [REDACTED] etc. and some declare that they will have nothing to do with it. The cost of some medications is extremely prohibitive and there are ridiculous caveats for PBS listings. A major concern for me personally is that my adhd medication ([REDACTED]) costs are almost prohibitive (can be \$135 for 30 capsules) but I function so poorly without it - to the extent that I barely adequately am able to work. It is not on the PBS for anyone diagnosed after 18 although as a child I was made to take antidepressants because 45 years ago no one really knew what was wrong with me! "