

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

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

"Education about mental health at schools and via community clubs e.g. sports clubs. Partnerships with sports governing bodies e.g. AFL/Football Victoria. Education via advertising campaigns. Training and education for non-mental health staff, often they are afraid of mental health patients and this promotes stigma and discrimination in systems and accessing services."

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?

Early intervention services such as Headspace and Headspace Youth Early Psychosis Program are supporting young people and their families to access early treatment and support. The Mental Health HARP program was excellent and supporting adults to regain independence and reduce significantly the client groups reliance on acute services for support. This should be re-started in my opinion. MHA 2014 has changed some cultural practices and promotes recovery.

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

Early intervention services having good relationships with AMHS and local communities. School support programs. Helplines and out-of hours support services. Police liaison. Improving community supports such as better housing options and access to employment would be helpful.

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.

"Mental health services are difficult to access and manage for clients, staff and families. The service received depends on the knowledge of the professional available at the time. There are often poorly-defined care pathways and clinicians acting on old or outdated practices. Lack of follow-up after referral to services is an ongoing issue. A bigger issue is the focus on level of acuity e.g. people are offered little support unless they are acutely unwell, often because the support for lower acuity is minimal. This creates a culture of ED presentations which ultimately are expensive and traumatic for patients. Lack of integration and too much politicking between services and neighbouring AMHS creates access barriers. "

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

"Socioeconomic issues. Cultural differences e.g. refugee groups, urban vs country areas. Poor integration of community services with inpatient services. Better liaison with police. Reliance on ED/Acute inpatient services to Band-Aid crises rather than being able to offer long term support."

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

them?

Improving access to family peer workers. Helping them understand accessing services and how the mental health system works. Financial support to access appointments for them and their family members.

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

"Offering specialized mental health training before graduation e.g. mental health nurse training. Trauma informed care within services. Training and education being made free/cheaper to promote professional development. Promoting autonomy for mental health workers, enabling them to work with patients in a strengths focused way. Pathways for peer workers."

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?

There seems to be opportunities for support however there are often many competing/similar services which causes confusion. Centralising access to opportunities would help reduce barriers. Advertising services and how to access them would also help.

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?

"Greatly increase community based mental health services to allow them to support people and their families in becoming socially and economically involved with the community. Move the focus away from acute and inpatient based services towards community services, this will reduce the strain on ED's and offer more treatment options for people, rather than basing access on acuity. Support evidence based early intervention services fully. Improve CCU/SECU access for services and clients."

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

Educate services/staff about changes and support them to develop and feel part of the change. Improve the education of OT/nurse/social worker/Psychologist under grads to offer mental health specialization opportunities.

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

"The system of mental health is moving in a recovery oriented direction, however it still needs to be more supporting of early intervention and long term support. Reducing reliance on acute and ED services and giving people to chance to engage with local community mental health teams will benefit more in the longer term. It will also create a more caring, less stigmatizing and less traumatizing system."