

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

SUB: 0002.0023.0005

Name

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

"1. Community programs with a focus on Mental Health Prevention and Promotion delivered by the local Mental Health Services - Often seen a number of NGOs and other organisations doing something, but I feel Clinical Mental Health should lead these programs or streamline so that consistent and reliable information is shared in the community. 2. Focus on mental health of employees/staff within the Health Services - promoting psychological safety, overall wellbeing etc. "

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?

"1. Require targeted treatment approaches delivered by specific disciplines within the public MHS as currently public MHS operate mostly by putting a band aid and not have structured/targeted treatment. Mostly consumers are sent to private practitioners for targeted treatments however the access is so limited in rural/regional areas and the non engagement due to cost factors. 2. Create Inpatient & Community teams with specified disciplines to get a multi-disciplinary balance (OTs, Psychologists, Nurses & Social Workers) as mostly these roles are advertised in a generic way leading to an imbalance. Additionally need to look at specific roles of dietitian and Physios or exercise physiologists given such a high co-morbidity of metabolic issues with mental illness when looking at prevention and early support/intervention. "

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

"1. Access to ED and to CATT teams is working well, however more resources into these spaces across the state would be helpful. e.g. PAPU beds in all EDs in the state and face to face crisis assessments by Mental Health Clinicians at all EDs 24 X 7. (At some sites this is done via telehealth, I do not think this would work in MH and it is not like central Australia where people have to travel hours. (e.g. Consumers in [REDACTED] will not have access to face to face assessments after hours where the [REDACTED] is only an hour away from [REDACTED] where People in [REDACTED] have access to face to face assessments). 2. Govt looking employment/vocational, recreational programs and other programs particularly for young people and farming communities in the regional and remote communities is important for suicide prevention. 3. Implementation of consistent safety planning (ASSIST) approaches across all front line triage clinicians in the state and review of outcomes. "

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.

"1. Better awareness of what public Mental Health do/offer and not offer and this needs to be communicated to the local communities consistently. Medium of communication like service

website for individual organisations/services as well as better user friendly state website for consistent and reliable information. 2. Emphasise public mental health service values 3. Consistent and contemporary facilities (building, decor, art, safe building layout, sensory garden etc) across all community health facilities adds such a value in terms of consumer's positive experience, comfort and safety. "

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

"1. Inconsistent of lack of information of what public mental health services provide and not provide. 2. Poor/outdated facilities, unsafe building layouts, unsafe consulting spaces, lack of art or other environmental factors for self regulation (e.g. sensory room/sensory garden etc) 3. Lack of activity programs/group programs across all services to engage consumers in activities as the focus just seems to be on symptom reduction and risk management. Needs to work beyond this. "

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

1. I think family and carers are supported with services having a carer consultants and access to support funds. 2. Carer advocacy support options should be developed more.

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

"1. Good clinical placements should be offered across the university years in both community and inpatient. 2. Support regional and remote health services staff where retention is difficult by offering financial incentives, mandatory services in rural and remote health services (just like doctors), managing burnouts by promoting staff psychological wellbeing. 3. Encourage team building and planning activities, free professional development opportunities for public health employees (as I see some of the specialist services does charge \$\$ for training) and accommodation for rural and remote health employees to attend training. "

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?

"1. There is none or very limited in the western district region, and I assume the case will be more or less similar in other rural regional towns particularly for people with MH issues. 2. Develop and deliver programs/projects targeting young people in the area of education, employment/vocational, recreational activities. (e.g. youth drop in centre etc) 3. Sheltered workshops across all towns for people with limited capacity to return to work, so they can participate in some form of work in a supported environment. "

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. Consistent & clear message by all public MHS to their local communities on what they offer and what they don't offer through a user friendly medium. (This helps in better understanding of service, way to access etc, avoids different services doing things differently while all are part of the same public mental health service delivery) 2. Improved facilities across all public mental health service that meets requirements of contemporary health and community standards to offer a positive and inviting experience that promotes engagement, learning self regulation. (e.g. sensory

garden, ADL room/house to learn living skills like cooking etc) although PARC has been established there has to be a day facility for consumers to attend and learn these skills. 3. Consistent clinical services and access to all Victorians irrespective of their location. (Access to face to face clinical services 24 X 7 to all towns of population of 10,000 or more)"

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

As mentioned in the previous question.

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

"Would like the MH service plan projects proactively, predict demands and supply, be prepared rather than being reactive. "