

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?

"We need to change the language used in relation to mental health; in relation to behavioural issues, in relation to criminal activities. We need to have available services which are designed to address people before they succumb to a recognizable illness."

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] At school level develop communication skills at an earlier stage to overcome anxieties, introversion, confidence deficits, and to develop skills talking to authority figures, talking to doctors, psychologists, understanding feelings, etc.. 2] Introduce workplace mental health interactions. Introduce psychological discussions in the workplace to try to identify those with issues that may need help before they deteriorate, or who have deteriorated - because of workplace and external factors."

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

"I think we need to see suicide as a communication problem and not a depression problem - and take steps to improve communication - to allow people to speak to people and get solutions. We need to look at approaches that don't make communication ""too hard"". We need to support family structures that allow and encourage communication - and we need to remove those who are detrimental to communication - through domestic violence etc. We need to support those social structures that once existed to allow groups to develop, where people belonged, where people interacted, where different friendships developed.... Structures like: churches [religious activities aside, encourage them to provide the social activities they once did]; community groups; etc. "

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 can be improved with better diagnosis which addresses the patients real issues. Encouraging physical activity - at school; at work; out of work, when retired. Encouraging better nutrition - including better disclosure of what it means. for example - saying ""eat a Mediterranean diet"" is one thing telling them what to include in their diet is something different. Rural and regional patients need better access to services. Those with mental illness need to have access to a monitoring system other than their doctors to ensue they are not drifting - which is very easy to do. "

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

"I am from NSW, but in many places mental health is not seen as an important issue. It is out of sight, out of mind."

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

They need better knowledge of the relevant illnesses. They need to understand unhelpful behaviors.

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

It is a case of training and remuneration. The demand for workers is there.

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?

Need to improve the economic position of those with a mental illness - see attached document for suggestion. In regard social participation - I don't have any desire to participate socially. That is who I am - I am extremely introverted. If social skills were encouraged and developed when I was very young maybe my approach would be different. I am just not interested in being in groups. Places I go don't have people my age and I often don't find many types of people particularly appealing or trustworthy. That is the way society has progressed.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Unable to comment.

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

" Need to change the language used to remove stigma. Need to make services more readily available. Need to create situations where personal issues are discussed - such as psych visits to the workplace, to schools, to "

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

See attached. I was diagnosed over 10 years ago and I still struggle. I bear it. It would be better if it could disappear for good.

Suggestions for Victorian Mental Health Royal Commission

Diagnosis

- Many working in this space don't seem to understand nor are they aware of the wide range of symptoms that appear when suffering the common illnesses of anxiety and depression.

Even the websites from specialist organisations in this space don't list the wide range of symptoms that one can experience.

I feel this is not helping to diagnose those suffering from these conditions.

[if you would like my list you may email me]

- I feel many people will do as I did – and that is to do internet searches for tests for depression etc.. While the websites encouraged me to see a medical practitioner I didn't follow the advice.
We need to capture people before they get to searching the internet by tying mental health reviews to life events [eg school changes, job changes, relocations, retremetc]
- We have to make people feel more comfortable about psychological treatment – may be in the early stages it could be considered as “support” or “coaching” rather than a treatment for any illness. I suggest this in mild cases of illness as frequently CBT or behavioural change may be all that is necessary.

Treatment

- The medical system needs to do better with treating those who are mentally ill.

I feel medical practitioners focus on the current problem, deliver a diagnosis and start treatment - with medication and / or mental health plan.

In my case, and I think many others, the medical fraternity do not endeavour to ascertain sufficient history to determine if there are underlying behavioural / developmental issues that may have contributed to the development of the illness.

For example, social anxiety, lacking assertiveness, lack of self-confidence, accumulated life experiences, or even recognised conditions, eg Asperger's, personality issues, etc..

I feel it would help to understand these aspects of the patient early in the treatment to ensure underlying matters can be addressed which may help protect against future episodes.

- I have also been to doctors for minor ailments and while the Drs know I am taking antidepressants, they don't explore my background, obtain a medical history, or assess my

current state of mind. I feel that is negligent.

Employment Issues

- I believe my experiences in the workplace had a significant contribution to the development of my anxiety and depression.
- Many organisations continue with the practices that impacted me and could also harm others in relation to their mental health.

I believe the organisations should be made accountable for the health of people who have been their employees.

In that regard, I suggest,

1. that where employers exit staff through the employers actions [including situations which could be classed as forcing staff to exit] that the employer needs to follow up the employee and ensure they obtain satisfactory employment with comparable income.

If someone is having difficulty then the employer should endeavour to find appropriate employment for that person. When placed, the employer should also ensure that the employment continues and becomes a longer term working arrangement.

I don't believe it is right that an employer can exit a staff member and leave them to find a position – particularly when they are people who have been out of the job search environment for a number of years.

It is also not right that if a person can't seem to keep a permanent acceptable position after leaving an employer that they are still left to their own devices to find work.

An inability to retain employment could be a sign of mental illness, which the former employer may have helped to develop. The former employer thought that person was good enough to employ, so they should do their best to ensure they remain employed.

2. There will be some people who have not benefited from the arrangements in point 1 **OR** there will be some who have been subjected to stressful situations in the workplace that may make them vulnerable to a mental illness in the future.

I suggest that where an individual has been subjected to a series of specified and proven stressful situations that employers provide ongoing "sustenance" payments [eg at Newstart Allowance level] to support the employee for the rest of their lives [or the government if the life ends through misadventure].

The stressful events I suggest be included are:

- a] exposure to an employee who through their behaviour has caused mental illness in at least 2 staff [I would suggest this is targeted at narcissistic and sociopathic staff] and who is recorded as responsible for the illness by a medical practitioner.
- b] multiple retrenchments;
- c] forced relocations – involving change in residence

- d] exiting staff through poor performance
- e] exposing staff to unachievable targets – or targets that are excessive relative to peers
- f] bullying – including exclusion / isolation
- g] micro-management
- h] discrimination,
- etc..

I feel there needs to be a department where claims can be made and decisioned [based on written evidence] without referring to the employer. There should be no time limit for claims.

The fact is mental illness can permanently harm one's financial wellbeing and if the employer has contributed to the illness then they need to provide long term support. [I have calculated I am now well over \$1 million out of pocket, before tax. After being exited from a position I had held for over 26 years, I then had difficulty retaining and obtaining positions. Experiences in subsequent workplaces also were harmful to my health]

Quite simply, some people land on their feet, others don't – often these are long term employees who have lost any job search skills.

- Workplaces need to perform better at identifying those who are mentally ill and then initiating treatment. In my case, a former colleague suggested "get yourself checked out".

Online mental health assessments also said as much – but I didn't.

With that in mind, I feel it is imperative that large organisations have psychologists visit annually to talk to a "sample" of staff individually. These discussions are to assess those staff interviewed, to obtain "nominations" of potential issues with colleagues, [either with or at risk of mental illness] and then to provide initial referrals to appropriate experts.

Small organisations may need to have a subsidised or free service made available to ensure this occurs across the community.

- I don't believe Employee Assistance programmes are used as frequently as they could be so a proactive approach is required.

Stigma

- The language, and understanding around mental illness is still inadequate. There is still a stigma, even in 2019.

We still see news reports or well known media commentators, and consequently people in the general public, saying that bad crimes are caused by a person having a mental illness.

The majority of people with a mental illness do not commit crime – but that is never communicated.

We also hear bad behaviour is due to someone having a mental illness. Often the behaviour

is more to do with long term behavioural issues rather than a mental illness – this too needs to be communicated differently.

The language we all use, needs to change.

Suicide

- We also link Suicide to mental illness – but we need to think...is it really the mental illness that causes suicide, is it the depression, or is it something else, that leads to suicide?

Is it more often the opportunity to end one's life?

Is it more often they had, or felt they had nowhere to turn?

Is it the shame inflicted by others?

Is it really that they couldn't communicate what was happening?

Is it they couldn't discuss their dissatisfaction AND be heard?

Is it they couldn't see a future? OR

Is it they didn't want to burden those close to them, etc..

Yes, depression can make you feel terrible – I know – but it would never be that, which would make me suicidal. I could never do that to my..... family.

Family is a key factor – as is belonging. The breakdown in the family structure, the decline in church standing, the reduction in “friendly” groups is also a factor. The groups we raise children in these days are competitive. We play sport to win – that is the expectation – that is what the parents want – that is what our children think is required or they are “a Loser”.

But what triggers suicide – yes depression can lead to simple events being made significant. The can be blown out of proportion because of the illness – and it is important to realise that no-one knows what is happening in another person's head.

But what is the trigger?

I remember one day when a small piece of bullying by email made me so furious, any [and I stress “any”] action was possible given the opportunity and resources. It took me hours to return to “normal” thinking.

Yes, social media posts too can be a trigger. This is a public broadcast that the WHOLE world, including your friends, can see – suggesting you “kill yourself” and that could trigger just that. It is the public humiliation – and the thought “I will never be able to face my friends again”, “I will have no friends”, “my world's destroyed”, that could lead to an unnecessary death.

Do we make the people that make those statements accountable? Not as much as we should?

The fact is we have highlighted and broadcast the tragedy of suicide and suggested depression is the cause of suicide. So if someone is depressed, or very sad, or upset we have told them suicide is the solution.

We then have those that copy because the grief from losing a friend to suicide is mistaken for depression so they follow the same path. It is seen as the only way.

We need to severely punish those who damage others self esteem. This will probably need to be for prescribed behaviours. We need to ensure those who contribute to a suicide are charged with manslaughter, and nothing less.

We also need to break the link between mental illness and suicide, from my perspective it is a communication problem.

An inability of an individual to talk, to have one's view respected, to have someone with enough time to listen, to have someone to turn to for help and support, to go somewhere where it isn't all too hard.

Support

We need places where people can turn. Yes, Lifeline, and others like it, are valuable.

Yes, we need services like Lifeline.... But they need to be seen as accessible – they need to show their public face regularly – so they can be seen as the solution.

But what do we see? We get told a multitude of help lines and a multitude of phone numbers – to ring ABC for this, XYZ for this,..... etc..

We need someone who will listen, someone who will care, someone who can take the details and who can send it to the right place and be confident the person to whom they have spoken will be helped. The caller should not be the person who makes the decision on who to call.

These people need to speak the right language, the right way, and address problems properly and promptly.

But we also need organisations and government departments that will listen and act on people's complaints and help when people need assistance.

Governments and organisations are too focused on making money and they forget people. Technology has changed yet it seems not one organisation can use the new technology to provide the right service at the same low price.

Complaints

Many organisations fob off complaints, fob off anyone who speaks negatively about that organisation, disregard complaints, fob off anything that "creates work", etc..

We set up numerous Royal Commissions, Ombudsman Services, etc. when all that is required is for people to be treated properly, fairly, courteously, promptly.....as people.

Schools

- I do think we overburden our schools with too much unimportant stuff – we seem to cover irrelevant material for the purpose of achieving another outcome.

However, I think communication [and socialisation] needs to be developed very early in our schooling with a view to overcoming any natural introversion, social anxiety, reluctance to approach authority figures, reluctance to include those who have difficulty mixing socially.

Such training needs to be hands on – they must be doing programs. They must practice and be given the right words to use.

I recall back in the 1960's my infant school had times when students watched the rest of us to "see who talks" – and those who spoke were "kept in". It was an era where "children should be seen and not heard".

We need to move totally away from that view [albeit it wouldn't hurt to encourage the need to be respectful]

Thank you for reading this submission I hope you are able to develop some meaningful recommendations from this Royal Commission.