

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?

"Increased training in the recognition of symptoms of complex PTSD (c-PTSD) for those working in all areas of MH support, (eg, social workers, police), as well as knowledge of how to interact with those suffering from c-PTSD. This should be especially important for those who may be more likely to come into contact with individuals experiencing c-PTSD, such as victims of domestic violence. In my personal experience, the difference between PTSD and c-PTSD seems only understood by professional therapists or psychologists who may be treating those individuals, and not by DV workers or any of the police involved in liaising with victims of DV. This has led to DV workers and police reacting inappropriately to situations, and in many instances, exacerbating them. "

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?

"I have a family member who has told me they have benefited greatly from EMDR treatment. It has been the one thing that has resulted in reduced symptoms of PTSD. Unfortunately, even in capital cities such as Melbourne - with higher rates of specialists than regional centres - it was still difficult for her to access therapy due to the distance she needed to travel. Increase the number of therapy sessions funded through Medicare, especially for those with more serious needs, such as c-PTSD. My sister was told by her therapist that she was going to need fortnightly sessions for a minimum of one year in order to deal with her level of trauma. I was appalled when I saw that

she had been given funding for 12 sessions a year through [REDACTED] This isn't even a drop in the ocean. And being told you can simply ""reapply"" for more sessions is an insult and wastes time and emotionally energy that people struggling with acute mental illness simply do not have. It invalidates our needs. It tells us that our mental health is not important. "

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

" There needs to be faster access to acute mental health services and assistance given to those experiencing crisis BEFORE they reach breaking point. Too many people are being turned away from services because they are thought not to be at enough risk to justify immediate assistance. Decrease the waiting times for general referrals to specialists for therapy. Decrease the waiting times for patients in Emergency Departments to be seen by a specialist. Waiting for a period of SEVERAL HOURS too often results in patients leaving in frustration and NOT HAVING THEIR NEEDS MET. Change the current system surrounding welfare checks. Police officers can appear threatening to a person who is already vulnerable, and officers can't always be expected to properly assess individuals at risk. If the police MUST be involved at all, make it COMPULSORY for officers to be accompanied by someone with PROPER medical expertise in mental health. "

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.

" The services are so poorly linked! Patients/victims/families/carers should be given referrals to support services at first point of contact. Once an individual is referred to the mental health system/DV support, their carers or families should also be provided with contact with a specialist individual who can help them navigate the process, one-on-one, without the need to repeat their history to multiple workers (which is utterly exhausting and often re-traumatising). Patients and victims with acute mental health problems should not be expected to negotiate the system on their own. Legal supports also clearly have limited experience in dealing with victims with PTSD. I have seen far too many times when the process of providing proper legal support has been hindered by this (eg. one [REDACTED] lawyer was so frustrated with my sister's inability to control her emotions that she threatened to walk out. Another lawyer simply did not turn up to court and failed to even notify my sister, and she was then left without any legal representation on the day). Legal information, esp. court proceedings, is so difficult for victims to navigate at the best of times. [REDACTED] seems woefully inadequate for victims of crime. Time allocated for DV victims with MH issues is also inadequate, especially for complex legal cases involving multiple issues. This simply add to the anxiety and stress that victims are already experiencing. Streamline the funding application process for victims of crime (eg. those leaving domestic violence situations who require uprooting their entire lives in order to move to a place of safety). People with poor mental health struggle with the red tape and filling in of forms that are required for them to access even the most basic services. Then, without these services, their condition worsens. My sister's c-PTSD made it IMPOSSIBLE for her to complete the paperwork required by [REDACTED] to receive funding for furniture and other basic needs. She has been unable to access services that she is actually eligible for. She was living without a fridge or a washing machine for more than 6 months. Services like [REDACTED] are ideally there to provide assistance in situations such as these, but are renowned for failing their clients. My sister was eligible for a limited amount of assistance which, when finally available, was so poorly implemented it cause her such distress that she stopped asking them for help. On one occasion, a driver who was meant to take her to visit her child during an access visit was an hour late. On another access visit, the driver was 45 minutes late. "

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

" Lack of family support/social support network. Mothers raising children ON THEIR OWN. Homelessness. Limited financial support. Victims of domestic abuse have often been forcibly isolated from friends and family by their abusers, and may later have limited support from others both immediately following their escape and afterwards. They may be predisposed to victimisation due to previous/childhood trauma, and resulting mental health issues such as behaviour disorders may mean that they find it difficult to receive support from family or to form a social support network. Victims of DV need to be recognised as being a particularly vulnerable group, and often have mental health issues related to trauma, including PTSD and c-PTSD. More support needs to be given to these people AS SOON AS POSSIBLE after experiencing domestic violence to increase the chance of recovery. "

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

"Family and carers may have difficulty understanding the behaviour or emotions of loved ones experiencing mental health issues. It may become difficult to communicate with them or assist

them in negotiating the various services that are designed to provide support. It was also particularly difficult engaging with my sister when she was experiencing a trigger event (eg. in the weeks or days leading up to a court date concerning the charges against her ex-partner). She was at times hypervigilant, extremely fearful that her ex-partner was going to find her or take her child, prone to bouts of anger, and often had difficulty concentrating or retaining information. It is soul-destroying having to repeat the history of a patient or victim to multiple support workers/customer service operators/assistants only to be referred to yet another service. One two separate occasions - when my sister was in crisis - I was told to contact an organisation I had already spoken to. One of these occasions was after I was advised to request a welfare check, which was carried out by police officers who determined that no further action was needed. When I later explained that I had been advised by my sister's psychologist that her situation was critical and that she was at risk, I was then told by the worker - who was from [REDACTED] - that he was not in my sister's area and that I needed to call the service in [REDACTED]. - "I've already spoken to them - they were the ones who advised me to request a welfare check." - "Oh." An individual point-of-contact is needed who can assist the client and their family/carers with navigating various services throughout the journey of recovery. And I don't mean someone who can only be reached after playing phone-tag for over a week, or someone who is overworked, or someone who gets replaced after a few months by someone new. They also need to be knowledgeable in communicating with people who may be frustrated or exhausted. "

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

" Don't place workers with limited experience with clients with more complex needs. Workers in DV need to realise that victims with PTSD may often be unable to regulate their emotions, and can often become angry, extremely fearful, or "irrational". Their experiences must NOT be invalidated. "

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?

"Easier access to financial support. The process involved in approving funding for victims of crime is too slow, difficult to navigate, and not victim-centred. Some of these people (eg. those leaving domestic violence situations) may need to uproot their entire lives in order to move to a place of safety. People with poor mental health struggle with the red tape and filling in of forms that are required for them to access even the most basic services. Then, without these services, their condition worsens. My sister's c-PTSD made it IMPOSSIBLE for her to complete the required paperwork to receive funding for furniture and other basic needs. She has been unable to access services that she is actually eligible for. She was living without a fridge or a washing machine for more than 6 months. Housing. Housing. Housing. And not just more low-cost, poorly-planned housing in no-man's land with limited access to services, public transport, shops with healthy and affordable food, medical specialists, etc. Housing placement needs to consider the needs of the individual. For example, someone with PTSD who is placed in an area with high crime and is subsequently exposed to further trauma will have a diminished chance of recovery. Better housing placement for those with children (esp.infants), or with children in foster care. Parents need placement that enables them to easily visit children who may be in foster care. Placing parents far from their children diminishes the chances for those relationships to thrive. This can lead to or exacerbate mental health issues for both parents and children, and reinforces the

likelihood of intergenerational trauma. Better services for those accessing job service providers. The current network is useless, not economically viable, not client-centred, and ultimately only benefits the service providers. These service providers need MH specialists who can work with those with disabilities/mental illness appropriately, and assist them in finding REAL work suitable to their needs. Programs like ParentNext do more harm than good. The Centrelink debt recovery' process is reprehensible. They create even more stress and anxiety for an already marginalised group. "

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?

"Ideally, mental health should not BE a separate system. Basically all major illnesses have the possibility of co-occurring mental factors. I think this separation contributes to the stigma and discrimination of those with mental illness. The brain is just another organ - those with heart disease do not face the same challenges of stigma and discrimination. Mental illness is STILL often thought of as some sort of inherent weakness or lack of intelligence. The emotional presentations of mental illness are often seen by others as a sign of a person being lazy, or stupid or difficult. Parents with mental illness should not be seen to be less able to BE a parent. Far too often I have seen mothers with mental illness have their children removed when ALL THEY NEEDED WAS MORE SUPPORT. The current process where children are removed unnecessarily by child services needs to be scrapped. Too often the families involved are already marginalised and struggling, and children are removed without due consideration of the REAL needs of both parents and children, and this process only reinforces intergenerational trauma along the line. Same goes with Indigenous families. I sincerely hope the trauma of the new Stolen Generation and its effects on the mental health of Indigenous peoples is addressed by this commission. "

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?

Please see email to follow.