

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

Organisation Name

N/A

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. To begin implementing mental health programs in primary school for students, staff and parents/caregivers. Mental Health programs, for example, The Bucket Filling/Emptying program is one of many ways to start communicating about good mental health/wellbeing; what makes for good mental health and how do we create/manage it for ourselves and others. 2. Conversely, in the context of such a program, discuss/teach what it means to have our bucket empty; how does it happen; what does it feel and look like? This is a simple way to raise real consciousness of mental wellbeing and the beginnings of how mental ill health occurs (unhappiness, sadness, anxiety, afraid, no friends etc). 3. Parents would be welcomed and introduced to the program and taught its philosophy and given strategies to talk about mental health/ill health within their family from an early age of the family cycle. This would mark a beginning across the trajectory of years spent at school. Each Year level would have the Mental Health and Wellbeing program developed to its year."

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. Connections with family GP's are working well. They are able to assist with access to suitable services, as they exist, or are available. GP's can be a great emotional supporter and are the very few in the sector who produce continuity through the many transitions, disconnections and trauma that can occur along the way. They are keepers of the 'story' from the beginning or even pre-ill health onset. 2. Psychiatrists, often caught in the line of fire, appear to be more prepared to genuinely work with the family and involve them in the discussions, plans, options and show recognition of the huge impact the experience is having on the family. 3. In my experience, communication between the different providers is occurring more easily, whether by phone, fax, or email. Some are showing strong initiative and proactivity in communicating with other service providers. The idea that 'it takes a village to raise/heal a child' is being enacted. 4. Mental Wellness program/days are an effective way to instil its great value, recognition of it and ways to care and protect it. If people have a very clear schema of what comprises mental health/wellbeing and are taught a language to discuss its components and value; it then could be much easier/less dubious/doubtful or shameful for us all to enter discussions on, and observations, of when mental health becomes mental ill health. 5. A user-friendly schema chart/pamphlet of the entire mental ill health service trajectory is needed and must be readily accessible from multiple services/vantage points. The uninitiated have no way of knowing how to navigate nor where to begin to turn to. Depending on the type and seriousness of the presentation it will determine which path you move along in finding the right kind of help needed, by whom and where. This might sound like an overemphasis of a very simple tool, but I came across one after too many points of family distress and wished so much I had had one of them at the start. I would have then had an overall picture of what mental health/ill-health 'land' looks like. 6. Teaching videos in GP waiting rooms which

model in authentic, daily situations that are beginning to cause problems in the family. These short, maybe stick figure animations, showing what to do when your child is depressed, anxious, suicidal can be very effective and destigmatising. I have seen one of these made on psychosis and it was fantastic; enlightening, informing and showed what was needed to help in that particular type of ill health. "

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

"1. I don't know much about suicide. But again, I think the strategies mentioned above could be utilised and adapted to the age and group/dynamics. Given suicide is on the increase, we have a very strong mandate to work alongside schools. Teachers need to be taught to recognise the signs. Teachers are not mental health clinicians, but the exposure to 'troubled' students is very distressing and concerning for all, so teachers need a higher level of expertise and support when they recognise/witness the lead up/signs of suicide ideation. 2. An anti stigmatising culture and philosophy would help and needs to be systemically developed and maintained. This message should be promoted, embedded in schools. Schools need to get real, do the work and upskill staff as well as knowing how to utilise the school nurse and psychologist. The language of suicide needs to have the 'sting', 'heat', 'fear' and apprehension dissolved from it. Times are changing, we need to open up forbidden areas of discussion. Why not have, 'You Can't Ask That' sessions at school, for example."

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. The need for MH services is greater than the supply. The services are mostly disconnected from one another, lack cohesion and are overloaded with long waiting lists. Staff are tired, forget what they've said they'll do and/or don't keep up to date file notes. So, clients don't always feel welcome, wanted, or worse, a nuisance/invisible. 2. Staff low morale and consequent disengagement from clients, patients and themselves render them numb and immobile when they often need to think and act quickly, so, the expertise and care factor may be non-existent. People then give up. 3. Good mental health is often expensive and so can't be afforded. 4. Sometimes services are either not easily found, and in odd, out of the way locations or look like something from the 1950s. Who wants to be a part of something that looks so non-contemporary? First impressions matter. Also, services can be very unkempt, old furniture, food and used cups on benches, tables and floor. This does not convey an environment that engenders hope or care. Everything matters. Sorry folks, but it does."

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

"1. Isolation 2. Poverty 3. Ignorance 4. Stigma 5. Lack of services in their community 6. Culture - strong drug & alcohol presence 7. Ineffective schools Solution? Create community-mental health hubs offering multi-faceted services, psychosocial supports, allied health, GP's, consumer involvement. Work with community sporting clubs etc."

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

"The needs of family members and carers are extremely high and ongoing. 1. Families need ready access to help when a crisis occurs so things can actually be managed before the situation

escalates and worsen its trajectory 2. Families need to be educated/supported in knowing how to manage their unwell loved one and not judged when lost and confused. 3. Families need the support of groups that are supportive. Groups that are lead by people with lived experience do not necessarily maximise the learning that could occur, model best practice nor relate well to a diverse group. A program no matter how well developed isn't of great value when very poorly delivered. 4. Families need a go-to person almost at any time, within reason; maybe a phone call or text message away. 5. Financial help when out of pocket medical costs are prohibitive. 6. Siblings need expert support and well-run meetups, good friendship opportunities with other siblings in like situations are imperative. These are non-existent in Victoria. 7. Respite provision as needed for all in the family. 8. Families need a capable Case Manager with initiative who can realise the needs of the entire family and seek to utilise linked in services for them. 9. Offer carers a Carers Lounge in the services building or a lovely garden/contemplative space to sit and be. Explore what helps carers recollect themselves and provide it (exercise, yoga, lying on the floor to music, oils, running water features, painting, bushwalking). This kind of thing is VITAL because carers very quickly can lose touch with their centre and disintegrate. 10. Availability of a psychologist, counsellor or listening person as required for carer, couple, siblings, family. 11. Have a service provider person who always offers to make a cup of tea or coffee for the carer and acknowledges how much work it takes to do the job they are doing. 12. Pleasant activities: meet in a park, coffee shop, pub and kick back. Simple Meal together. 13. Hold groups on special topics of use and value. 14. Hold groups regularly."

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

"1. Better pay 2. Better working conditions 3. Much better professional and personal support and self-care. 4. Provide ongoing learning opportunities to further their education/qualifications. 5. Genuinely value them and their contributions to the service (buy them coffee/morning tea, celebrate birthdays, have flowers or plants in the regularly cleaned workspace). 6. Provide a staff room/kitchen that meets their needs. 7. Provide physical distance/space from the clients for staff to have privacy 8. Be fair, open, consistent and accountable re policies, expectations and all important areas that can make a big difference to staff morale. 9. Provide opportunities for time together (unstressed and uninterrupted). 10. Develop an inclusive culture of greeting one another."

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?

"Not many! My [REDACTED] daughter has schizophrenia. I couldn't have worked any harder or tried to open more doors for her to gain part-time work/any work or further develop her skills. She was able to finish an Arts Degree. I was fortunate to be guided by the Executive Director of Orygen to a vocational counsellor. She helped my daughter in enrolling in the government NEIS scheme. This was very hard for her to believe she could do it, cope with the people and homework, but she did. She completed this in the early stage of her first 'baby' recovery. She has done many various community courses. When well, she makes and sells jewellery at The Fitzroy Artists Market. She is also hoping to do another jewellery making course and also be able to drive herself there, once she gets her licence. It's very hard to keep the vision alight for ones like my daughter, but I refuse to give up. She is extraordinary and beautiful. There simply aren't adequate vocational guidance consultants to work with the demand. Unfortunately, the government vocational system is very ineffective. My daughter does not have ONE friend. The groups she would like to attend simply

don't exist."

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?

I will come back to this.

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

I will come back to this.

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

I will come back to this.