

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 on signs of depression and anxiety in primary schools for parents, teachers and students. "

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?

"The clinicians in the mental health field are amazing, supportive and doing the best they can with waiting lists and high staff turnover especially in community teams"

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

"I'm not sure this is relevant to me as I have had 2 family members choose to end their lives and we were not aware of the seriousness of the situation, but apparently mental health services were."

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.

"Continuity of services from inpatient to community, crisis to short term and long term care, high turn over of staff, having to rehash history for each assessment which is often traumatic. Assessment into a new service can take several appointments over many weeks. Once the crisis is over the care and management of the client is left to the family with no ongoing support or strategies. We were kept at arms length due to confidentiality but expected to intervene in a crisis not knowing what strategies are in place. This is very stressful when dealing with multiple suicide attempts, self harming and cries for help, ambulance transfers to A&E, waiting for hours for an assessment by the CATT team and then discharged home with minimal follow up contact especially if using a private Psychiatrist. Shortage of Psychiatrists both private and public in regional areas and outer western suburbs can lead to lengthy wait to be seen. Lack of adolescent crisis teams especially in A&E and follow up in community. Lack of consultation with parents of adolescent 14 years of age. We were made to feel guilty for her multiple suicide attempts and little was offered in support whilst we were dealing with the stress on every aspect of our lives How can it be improved? Support groups run by mental health services for families including siblings Community treatment orders for adolescents and continuity of treatment in community More Psychiatrists specialising in adolescents and young adults. Specialised mental health services in regional areas similar to Orygen in Melbourne. Specific groups for young people with depression and anxiety Early recognition and treatment of conversion disorder and to be treated as a mental illness. Education in primary school of depression and anxiety and strategies to manage them for parents, teachers and students Discussion in schools about bullying and suicide"

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

The number of suicides especially in adolescents and young adults where a coronal inquest is not required. Our daughter was 1 of 4 in a 3 month period to take her own life. 3 were young adults all seen by the same private psychiatrist and treated at the same private mental health inpatient unit over several years. Accountability and answers by mental health services. A royal commission specifically covering suicide

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

"As discussed in previous section. We need to be recognised as being on the front line and our own mental health suffers. We have all suffered from the trauma of multiple crisis over a long period of time and then the loss of our daughter. We are often left to be case managers fighting for services and support, but not having any rights to be part of their treatment "

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

"I am a qualified psychiatric nurse, I left the field when our daughter was so unwell due to stigma in my work place. "

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?

Support groups run by qualified mental health workers.

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?

Equal services to all aged groups and suburbs and regional areas

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

Annual reports on outcome measures

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

" Our daughter was referred by her private phychiatrist to a private organisation in NSW where she attended week long healing week at the age of 14 run by unqualified ""carers"" and ""encouraged"" to leave home at 15 without any ongoing support. We were made out to be the cause of her mental illness, eventhough she revealed that she had been sexually abused over a number of years and had not told anybody until 3 years after it had ended. All 4 of the women who committed suicide in the 3 month period had attended healing weeks through this organisation"