

# 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. Teach society that mental illness is a survival ability not a deficit. 2. Implement respectful media reporting language standards around crime and mental illness. Discourage journalists describing criminal behaviors associated with mental illness and/or a person's diagnoses, including historical, suspected and pending, and explain why - this is harmful to people with mental health issues and perpetuates archaic stigma, personal shame and medical misunderstanding. 3. Reduce using the umbrella term 'mental illness' to describe people who are living past trauma, abuse and/or complex social issues, and use more respect individual terms of survival ie 'Recurrent Stress Reaction' or RSR, 'Post Trauma Stress' (PTS) and/or 'Post Adversity Stress' PAS. 4. Remove 'disorder' from PTS (Post Trauma Stress) and replace with the concept of 'survival' 5. Stop politicians using medical terminology when talking funding around mental health recovery ie beds, hospital, staff, security, treatment. Start using pro-healing terms like healing, life, connections, quality of life, enjoyment, contribution, people. 6. Shift from the 1970's medical concept of 'recovery' to the UN human rights social concept of 'healing'."

### **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?**

"Working well: - cultural gathering spaces outside of hospital crisis mode. - peer led healing and wisdom spaces, - slow healing spaces, - the arts, - psychologists, counsellors. Not working: - psychiatrists, - the Medical Model still being the main protocol despite the UN Convention Rights of People with Disability having moved onto Social Model and Human Rights Model, - public APU's including the 'average stay protocol' that aims to reduce people's admission time rather than putting weight on 'satisfaction of stay', - anti psychotic medicines that still depress the entire nervous system, - funding for peer led groups in the arts, - funding for projects and programs based on lived experience expertise - politicians constantly focusing on the medical model of prevention and crisis management - people without lived experience in places of power and receiving funding - lack of accountability for trauma sustained in APU's - public psych wards - carers having the loudest voice in advocacy, people with lived experience are not being empowered to feel the right to speak up."

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

"1. 4. A fourth 000 line. For Mental Health Crises that goes direct to CATT in local area. The CATT need to be filled out with carers and people with lived experience. And attendance calming dogs. Enough with sending out police and paramedics. 2. In people over 18, everyone needs to start talking about and honoring PTS and complex PTS (post trauma stress) rather than symptoms of mental illness. This can be done through proud lived experience expertise empowerment. 3. Parental education. The mental health system needs to back off diagnosing the spectrum of adolescence as mental illness. There needs to be a nation-wide education program teaching

parents of children at school to understand what's normal and what's a red flag in depression in young people. It seems many parents speak about not having a clue their child was in so much distress. A young person can have all the knowledge in the world about depression and bullying, but if the parents aren't taught too, then that young person is still in a place of disenfranchisement. Conversely, negative thinking is common emotion in young people as normal part of growing up. The world suddenly hurts. We need to teach young people how to assimilate into a world that hurts. Too many adolescent girls in particular are being prematurely lost to the mental health system because their parents mistake this difficult human age, as mental illness if they grew up with less pressure. 4. People who self harm a number of times are living with unresolved PTS. Public psych wards as they currently exist, are not an honouring place to end up after surviving a suicide attempt. There needs to be a specialist approach to people suffering from extreme depression around terrible living memories. "

**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. You can't recover from terrible memories that affect your body physically. 2. Society does not practice mental health disability access. There's no wide knowledge about what makes a venue or an event welcoming for people with PTS and cognitive sensory needs (1 in 5 people). This does not include autism friendly events, which are aimed at families with autistic children. Adults with emotional and cognitive sensory distress have different access and coping levels to a ten year old. We don't want sensory 'toys' made for toddlers or a special 'quiet' room where busy kids are allowed to make noise. Someone growing up through extreme ongoing stress, has a brain that develops to fit that environment. Doctors can't fix that. People can adapt to a non-threatening environment if society becomes a non-threatening space. This is called mental health access. 3. Mental health is not the opposite to mental illness, because mental illness is based on an early 20th century construct of a medical problem called 'madness'. It's like thinking that hearing is the opposite of deaf. A Deaf person recovering their hearing ignores the culture and language of a unique form of normal human diversity they have learnt throughout a lifetime. Mentally healthy people need to learn the language and culture of people who have survived really difficult times, often in youth or young adulthood. If anything, people who've suffered from their social environment deserve redress. 4. Improve respect for lived experience led projects and spaces, including in the arts. This is cultural connection and deserves equal respect as much as the medical profession that isn't about connection."

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

"Generational social connection poverty. People need to feel they are powerful members of the future. At the moment, people have little expression of voice around importance. This could be helped by; -giving homeless people links into local government, - setting up pride builder projects in smaller communities whereby community members are encouraged to connect with bigger communities (Big Town, Little Town project like big brother/big sister concept) - bonfire nights. Bring people together of all ages, dogs, fun, and burn off risky wood fuel at the same time. Win Win. - specialist program to respect PTS in people from adverse life countries"

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

Give them roles in the 000 Mental Health Crisis roll out.

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

"- Have more disabled (mental health disabled) people in stronger decision-making roles around governance and social organisations. - Learn about and improve mental health access in public places. - Not all of us want to work in mental health advocacy yet that's all that seems on offer. Some of us are sick of talking about mental health. We want to work doing things that we studied at school before we became unwell the first time. Be good if the government found ways to let us do things we're naturally good at ie work in nature, the arts and in changing the world for the better. - Peer workers are also doing the work of social workers to our friends. Many of us don't have family support so we're the ones on the internet or the phone to peers in crisis after mental health clinics clock off. - There must be more back up support for peer workers, both paid and unpaid. We're burning out the same as psych staff but we don't get any union speaking on our behalf for our wellbeing. We're the ones often at a person's house in the middle of the night because they don't want to call the CATT. We're the ones running social media support groups, and running non-funded gathering spaces."

**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?**

"- Fund us to implement and run non-medical gathering spaces and projects in the arts. - Seek out and actively support peer led power projects (like Schizy Inc, Melbourne). - Give funding bodies like Creative Victoria specialist support to fund more disabled led projects where people get paid, not just mentored."

**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. Move away from the Medical Model of mental health and create a Social Model based on dignity and respect of human diversity of living story. 2. A good system based on the social idea of mental health, takes away power from psychiatry and puts the responsibility on society to create paths to wellness. 3. APU's (adult psych units) need to be re-purposed as substance reduction units solely for people coming off ice. They are now volatile spaces and no suicidal person should be exposed to them. 4. No person suffering emotional and spiritual distress should be locked into a hospital space with thirty other people all with unique levels of living memory distress, and told they can be released when they behave in a socially appropriate way through taking enough pills. 5. Build non-organisational healing centres. These are open-door precincts where the focus is on the arts, nature and community-building. These centres are run and empowered by people with lived experience and carers, not merely as peer workers. It's crucial that these healing centres are a new and unique organisational structure in themselves, and are not parented by existing mental health organisations. Mental health organisations are currently part of the mental health system and are still based in the medical model of practice around recovery. "

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

"1. Disarm the current hierarchy of psychiatry and medicine as the sole parent of the mental health system. 2. Actively support and seek out lived experience expertise and people who are leading

through innovation. 3. Stop politicians talking about funding more beds, staff, security and hospitals. Replace with talking about funding life-affirming structures like people, space and joy. 4. Disable media reporting about crime and mental illness. 5. Stop using the term mental illness, and start using the term 'people who have survived..'"

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

"I see the future of me and my peers accessing the very things we know that bring us healing. It is an ongoing journey that honours my story of creative survival through intolerable pain. I see us empowered as leaders and contributors in the arts, nature and human diverse expression. Next time I become overwhelmed with stress just because my brain developed this way as a child, I don't get scared that the police or the CATT or a public psych ward is going to be the traumatic end point of my current journey. Instead, I've already been given tools to tell my story respectfully, my workplace has given me the choice of work hours and reduced sensory stimulation, I have many links to different gathering spaces, and I won't lose my Centrelink pension because I forgot to report my income. I can call 000 and say I need to speak to the local mental health care team, one populated by carers and people with lived experience, as well as psychologists trained in emotional/physical/spiritual stress reactions. They have a beautiful trauma dog should they decide to come over. We have a cup of tea and maybe a walk around the block. There's no pressure for me to 'go anywhere' with them. They have time just to yack for a bit. The memory of the mental health system of 2019 is a landmark in history, and my life is now a healing journey accompanied with love, and time."