

Submission to the Royal Commission into Victoria's Mental Health System



There is a great need for wider community understanding of mental health issues.

There is, in the 21st century, still a stigma attached to having mental illness. Fear of the acutely mentally ill is stoked by the media. I think this fear has seeped into the attitudes of police and even mental health care workers. It is based on lack of knowledge and understanding. There needs to be more education and positive media attention, pointing out the way mental illness affects so many in the community and is not just a problem for a few.

There is a great ignorance in society and among workers in the health care system as to the enormity of the carer role in supporting the mentally ill.

Carers probably bear 80 percent or more of the burden and yet they are largely ignored and marginalised. Carers feel very isolated. They often have to learn everything about the health care system and mental illness themselves from hard experience with little outside assistance. There is just not any support from the system for carers and this is a lack that must be addressed urgently by the state government.

The current approach is to punish sufferers of acute mental illness through either incarceration or simply ignoring their needs. There are obvious gaps in outreach to homeless people and vulnerable people with untreated mental health issues. It is estimated that only 50 percent of those with acute mental conditions receive any treatment.

The situation in Victoria is critical. Action rather than further feasibility studies is needed. There is no longer any time to waste, the system must be fixed and fundamentally reorganized. We are hoping that something real and concrete in terms of positive improvement will come out of the Royal Commission—not just words and more paper.

There are some great examples of mental health care systems that are successful or have markedly improved the quality of life of whole communities. The government can look to Scandinavian countries for examples, the Open Dialogue Approach was introduced in West Lapland in 1985 and has been successfully implemented in many countries. The Royal Commission does not have to re-invent the wheel. More funding would make it possible for more highly trained staff to take much more time with admission procedure for admission, treatment, discharge and ongoing treatment procedures. There should be enough resource to ensure that the patient, carer and significant others have the opportunity to be involved before quick diagnoses and medication decisions are made. Every admission should include both psychiatric and physical assessments; the body and the mind are inextricably mixed.

A key to success is a community-based approach. A “village” approach with everyone working together. Integrated care, with health care professionals, carers, consumers, teachers, and the wider community working in partnership. No-one expects to be a lifelong carer, no-one expects to suffer from mental health issues, but the nature of mental illness should be taught and studied at every level of education.

There needs to be open dialogue to get this improvement started. Carers need to be heard and their opinions need to be given serious consideration. They have experience and knowledge and coping strategies to learn and to share. The person with mental health issues, the carers and family members need to have the opportunity to be involved with health care professionals in every stage of treatment and on-going support. **Community is the key to success.**

To the Royal Commission I would say, please do not waste this opportunity to improve mental health care in Victoria. Make something happen. Make all this work worthwhile.