The Consumer Participation Group CPG is based in regional Victoria and has representatives from the Loddon Mallee and Central Victoria and is made up of people who share a desire to improve mental health services, and a belief that, for this to be possible the voice of consumers has to be heard and valued at every level. The CPG meet regularly and work in collaboration with local psychiatric and mental health services to further develop the provision of local services. The CPG consult with local people and the experiences and suggestions put forward in our submission are based on the lived experience of people we encounter in community forums and conversations.

The issue of stigma is significant and hidden from people in the community with many people suffering in silence, and it is not uncommon for people to be unaware many people they know, even close family members may be dealing with mental illness symptoms in silence.

With regards to initial access the CPG advocate for a ‘low bar’ threshold to enable a wide catchment for people seeking to access mental health support and voice the need for greater promotion and awareness of where access to mental health support can occur. Consumers suggest the need for multiple entry points including self-referral, GP and the importance for services from housing, counselling and substance use be linked with or in partnership with entry point services. The opportunity for self-referral is important as initial contact is often made by a concerned family member.

A particular common theme, is people with ongoing and persistent mental health needs which don’t require acute care however are impacted to a level unable to participate in community activities yet deemed not incapacitated to a level eligible for ndis. We are concerned people in this situation don’t have the support options available to support their mental health.

Further expanding the provision Medicare-funded sessions with Psychologists, Mental Health Nurse, Social Worker who can provide some forms of treatment that require regular, intensive intervention would enable a comprehensive approach and potentially resolve or mitigate symptoms which otherwise may continue to be problematic. We note the recent announcement of expanded mental health support for people who experienced psychological trauma from the bushfires is similar to the additional support often requested from people who have a mental illness diagnosis.
We view online services as great for those who don’t seek face-to-face interaction and a vital tool for people who want to scope services options available locally and in larger regional centres, however for many people, the actual physical connection with another person is incredibly beneficial.

Consumers raise the need for mental health services to be based on a psychosocial framework working from a recovery and strength based framework which can support a person to develop a personal understanding of their best support options and strategies to meet their care needs. People experiencing mental health appreciate the key contact worker model working with a care coordination framework to ensure the consumers concerns are central to their support plan and that all services are aware of each other’s role and can work to complement each other.

The mental health system needs to involve a component of carer support to assist families dealing with the fatigue and grief of supporting a loved one experiencing mental health symptoms. In conversations we often find that it is almost always a family member who cares for a person experiencing mental illness who initiates contact with mental health services. The issue of stigma is often felt particularly hard by people in caring roles and the experience of supporting family members is very isolating and often results in carers abstaining from employment. Consumers advocate the need for mental health carer support that works with families and carers to support them in their roles and support the feelings of stigma and isolation experienced and to provide education and peer support to assist rebuilding of families.

The CPG raise concern of the financial cost incurred by people who experience serve and persistent mental illness symptoms who often have multiple health needs which require regular monitoring and at times multiple appointments in a week. This results in a huge personal financial cost and often deprives people of opportunity for social and economic community participation. The issue of cost both financially and time wise is particularly compounded in country areas when greater travel distances to attend services is required. For people trying to survive on Newstart – this in itself is already contributing to the additional stressors in their life. The CPG would like to see greater health rebates available for people who have a diagnosed mental illness for the costs involved in receiving health and medical treatments.
Mental health services need to be able to secure and maintain a competent and educated workforce with adequate training and supervision in order to deal with complex situations workers are exposed too. Consumers see a role for multidisciplinary teams with peer trained staff working alongside workers with allied health and diploma level training and mandatory skills.

Trained and experienced peer facilitators can offer support that breaks down the ‘professional’ context and provides the person in need with a sense that the conversation is going to be based on a mutual understanding of the lived-experience paradigm.

The Consumer Participation Group members thank the Productivity Commission for the opportunity to provide feedback from the voices of people in our local region who are passionate about improving the outcomes for people who access mental health support.