

Second Class Citizen



Proud to be a Second-Class Australian group responses to Royal Commission into Victoria's Mental Health System

[“Proud to be a Second Class Australian”](#) is a Facebook community that was established in August 2009 to protect and advance the rights, equality and lived experience of trans and gender diverse, same-sex attracted, and intersex Australians. Membership of the group is open to all people supportive of these values. At its peak in November 2017 the group had over 8,000 members. On June 30 2019 the group had 6,343 members.

On May 21 2019 the following [call](#) was posted to the Facebook group:

We are inviting members of this group to contribute to the Royal Commission into Victoria's Mental Health System Submission. We have created a simple survey to collate your anonymous responses, which we will formally submit on behalf of the group. Responses to our survey must be in by June 30. Thank you.

Ten members of the group responded to an [online survey](#) between May 21 and June 23. The survey was set up by the group owners Michael Barnett and Gregory Storer.

The following table details the time and date of each survey response:

Respondent ID	Collector ID	Start Date	End Date
10816479831	234682484	2019-06-23 12:51:35	2019-06-23 12:52:44
10794600814	234682484	2019-06-13 15:57:57	2019-06-13 16:12:02
10792601759	234682484	2019-06-12 22:20:23	2019-06-12 22:26:10
10764154955	234682484	2019-05-30 09:37:36	2019-05-30 09:53:57
10761432174	234682484	2019-05-29 12:14:56	2019-05-29 12:25:44
10750607388	234682484	2019-05-23 22:29:03	2019-05-23 22:48:32
10747595526	234682484	2019-05-22 21:24:04	2019-05-22 21:42:14
10747138565	234682484	2019-05-22 17:03:22	2019-05-22 17:19:35
10745065222	234682484	2019-05-21 23:46:58	2019-05-22 00:00:21
10744861997	234682484	2019-05-21 22:31:32	2019-05-21 22:47:00

Each of the responses to the seven questions in this document correspond directly to the above survey responses. Note, no response was received for some questions, and is indicated by a blank line or “N/A”.

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Q1 Considering your personal experience, or the experience of someone you know, what do you think is the most effective way to prevent mental illness and suicide in the LGBTIQ+ community?

1. Positive campaigns demonstrating inclusivity
2. There is not just 'one way' to prevent mental illness or suicide in our community. The acronym is indicative of the complex diversity in the community and the subsequent multi layered dynamic multiple responses necessary. As an Aboriginal woman who is frightened to come out in my own community, things like cultural identity add further layers to the issues and challenges confronted by us.
3. Speaking to family, friends, psychologists/counsellors or a combination based upon who or what is available.
4. Far better support mechanisms than currently exists. And not just for the person suffering the illness, but for Carers as well. If you are caring for someone and also trying to hold down a full time job, access to support services as a carer are virtually non-existent.
5. Fighting Transphobic misinformation and bullying while making sure Trans medicine is easily accessed and fully covered.
6. 1. Stop reading negative social media as well as listening to any other negative media
2. Group therapy.
7. healthy communities and focus on the positives so people are resilient before mental health goes bad. lots of community groups and events. look at organisations like Scouts Australia that support young people to do their best and celebrate achievement, not just competitive results. need to teach people the balance between screen time and real life, not just youth. people need access to public libraries. need media coverage of mental health to ensure a good understanding of the topic.
8. Education in equality and acceptance.
9. Additional services, run by providers with a broader understanding of the multifaceted issues facing LGBTI people.
10. Cognitive Therapy is really important, anti depressants of serious depression, but with cognitive therapy.

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Q2 How could we effectively support people to recover from mental illness?

1. Public funding, proper support networks
2. Remove the stigma associated with mental illness and the consequential impact on things like insurances and job prospects. There is no way in a million years I would tell anyone in my work environment that I was even suffering anxiety little much the sleepless nights I sometimes have so distressed with my world. Because the consequences of this disclosure would be irreversible. I have seen the discrimination experienced in the Victorian Public Service by people with mental illnesses. HR department actively seek to get rid of anyone with mental illnessso get rid of the discrimination both obvious and shuttle and the sigma
3. Treatments such as cognitive behavioural therapy and love and care.
4. Again, resources. It is well known that this sector has been under resourced for years. Education for employers is also important as well. I am lucky in that I am in a situation where I have a Manager who understands my situation of caring for my partner who suffers from MH issues and allows some leeway for me to be able to better support my partner - many others do not have this lucky break.
5. Personalised support and criminalising discrimination with big intimidating fines to stop workplace discrimination.
6. Talk to them daily and/or keep them occupied with a change of scenery.
7. engage them in community organisations especially social organisations, that don't focus on mental health but support good mental health - eg: Scouts, CWA, Rotary, Lions
8. Big brother, big sister. Same as done for alcoholics. I don't believe there is ever a full recovery. Not everyone has a network of friends or family
9. A greater move to increase outreach program's targeted towards at risk persons. Additional, information on ground in such places as high school, workplaces and in the public sphere.
10. being there for them, listening to their stories, suggesting other things, getting help if it's too serious....

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Q3 Can you tell us about your experience about accessing the Victorian mental health system? What were the barriers? How did you navigate it? How could it be better?

- 1.
2. I would never ever access the mental health system. TO afraid to do so,.... and I have so needed it at times... But no way. The consequences of one one finding out would not be worth it, so I struggle often
3. N/A
4. As a partner - often the MH system seems to toally shun you and keep you out of the treatment for your other half. It's almost like you don't exist sometimes and the lived experience of trying to support your partner is simply ignored. We live with these people and experience their illness from day to day and therefore could help with their treatment, if only the MH sector would ask us - but we are often ignored or just shunted into the background. Gets me so mad sometimes that I can't give input into what is going on and especially so when you know that the person suffering the illness is not exactly telling the truth to his practitioner. We KNOW the truth, as we live it every day, but simply are not involved in the treatment or any plans. I'd go further to say that often, not only are we ignored, but are deliberately being kept in the dark.
5. I have not yet done so personally.
6. N/A
7. I think we need to expand youth mental health from beyond the headspace brand, while some headspace sites are amazing, others seem to offer only the bare min, It can be a long distance to reach your local headspace. Also, only one hospital in Gippsland appears to have a CYMHS team, i know this team will travel to other hospitals but that leads to long waits in the ER. GP's are good at mental health plans, but a long wait for private services, huge gap fees and very few bulk billing spots. Headspace Morwell does no outreach.
8. My experience is a total failure. Unless you actually attempt suicide, there is no real help unless you have the money to access psych assistance. Ringing or going on line is a waste of time. It's mainly USA based on line. Phone lines, unless you actually want to not suicide, you won't call for help.
9. When I was living in regional Victoria the limited service's resulted in the need to travel greater distances with longer waiting times. Once more, outreach programs could be used to have workers attend regional areas monthly or more to accommodate people.
10. I have had many years of cognitive therapy, if I had not have received that, I would not be here now to type this message.

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Q4 We know that the best way to support LGBTIQ+ people is to have a supportive family. How can we best support the needs of family members or carers of people living with mental illness?

- 1.
2. It is a difficult question.... If your mental illness is bound to your cultural and sexual identity, then in many instances we are not out to our families, so our mental health also is silent... For Tahoe families who are not homophobic, but supportive, I think they need to be able to have a place to talk about their experiences and a way to have a break, without being frightened that something will go wrong in their absence
3. Being there and giving them space.
4. Feel like I have already really addressed this question above, but basically, cater to the fact that a lot of carers are also trying to maintain full time work and therefore supports need to be put in place outside of the 9-5 routine. I'd love to go to one of the many Carer's lunches that are held in my area to get some peer support - but they all take place through the week and during work hours. It would be nice if just once they could hold an event on a weekend!
5. Easier access to information, respite care and tackling stigma.
6. Educate them on triggers. Let them have someone to turn to or talk to.
7. social groups that don't focus on mental health but support good mental health - e.g: Scouts, Lions, Rotary, CWA
8. Knowing who is the strongest person to support you is the biggest hurdle. Trust is the key. The support people, person, should be able to seek counselling the same as the person they care about.
9. Information, peer support and public awareness to reduce stigma and personal shame.
10. well if the family are homophobic it's very easy for them to abandon you during difficult moments; much of my therapy was about the psychological abuse I received from my family, when they could not accept me...

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Q5 Taking into account your own experience, how do you think the Victorian Government could improve the mental health outcomes for you and for the LGBTIQ+ community?

- 1.
2. By eradicating the discrimination that exists within their own public sector structures to begin with. HR departments actively discriminate against public servants with mental health issues.... If they cant fi their own back yard, how could they possibly commit to genuinely support people with mental health in the community in more than a tokenisation manner
3. More funding for psychologists/counsellors and education.
4. Investing more resources for a start.
5. Doing something about online abuse.
6. What I have found is that as an older Gay man I am pushed more into conventional treatment with no knowledge or much understanding of my sexuality. The age barrier becomes a big problem with connecting with other LGBTIQI people. It's seems to me if you're not sexuality attractive then you have nothing to offer.
7. reduce the waiting list for people to see councillors and phys when on a GP mental health plan, reduce the size of the gap fee and have more bulk billing spots. give schools more funding for well being. rebrand and strengthen the safe schools program. support Scouts, Lions, CWA and alike and their role in the community.
8. I've already addressed this.. safe schools program with no judgement
9. Invest in education and awareness, as well as conducting wide spread research targeted at LGBTI+ persons to gain a broader understanding of the complex issues.
10. By understanding that if many of us had to report to the royal commission, you can bet that we received other abuse as well... The royal commission was the first time I opened up about the sexual assault I received at high school...

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Q6 There is often a connection made between the use of drugs and alcohol, and mental illness. In your view, is this true? How could this be addressed?

- 1.
2. Yep, is true.... could be addressed by decriminalising illegal drugs such as marijuana
3. Mental illness can use drugs and alcohol to retain normality. More psychologists/counsellors, care from family and friends and education at all levels.
4. In some instances, I can see this is true, but certainly not in all. Far too often actually, the assumption is that because someone is suffering a mental health condition, then there must be some substance abuse behind it. It's been established for years that often the substance abuse occurs because the patient is self medicating in an effort to escape their trauma or pain, and this substance is not the cause of the illness, but yet another symptom. And the fact that the MH sector often refuses to even look at someone until they are 'off the drugs', ignores the fact that the two things are related and that the drug usage is because of the MH issues and not the cause of the MH issues.
5. I think this comes from self-medicating, is a symptom of mental illness, and thus is best solved by harm minimisation while sorting out the cause.
6. I have never resorted to either. I have a lot of self respect. However, I can definitely see why people do especially during the SS Marriage debate and this last election. In all my years I have never heard such hateful comments from people that should know better. It was almost enough for me to seek help and I consider myself strong but for some other LGBTQI people I would hate to think. Therefore, I think building self esteem from a young age, at school, or not, is important. It should be mandatory.
7. many people self medicate with Drugs and booze, this will reduce if waiting lists are reduced,
8. IF you have a support network, and you don't have to get high or drunk to have a good time, it's the same in all parts of community. Not all LGBTQI people like being in the acronym. The drink or use drugs to mask how they feel. We talk about equality, yet I've discovered many hate being gay. Homophobia is pretty big in the LGBTQI community itself
9. Whilst mental illness can lead to self medicating, it is rarely the case that substances lead to mental illness, and in such cases underlying issues are more often the trigger.
10. Alcohol is used to soften the nature of the occasion... Drugs like speed and ecstasy were only used at dance parties, for recreation.

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Q7 Any other comments?

- 1.
2. Thanks for the opportunity
- 3.
- 4.
5. Some big factors in this, like Autism, and Transphobia requires a major shift in attitudes and etiquette on behalf of the rest of the community. So part of the problem can only be fixed that way.
6. Nil
7. grow youth services beyond just online services (kids help line, eHeadspace) or Head space. put the school mental health workers into every School. Give schools time out and chill out spaces, student only spaces. restore the Safe Schools program to its 2016 strength.
8. To fix the mental health issue within the LGBTQI community, we need to seek out people who actually aren't part of it but fully support and understand all sides of the community with no bias
9. We need a stronger science based approach to these concerns that includes those on the ground providing services, speaking directly with the community to establish areas of concern. Again education in the public sphere, high schools and training for those on the front line.
10. More cognitive therapy might also be a good thing, to be reunited with my twin brother might be a good thing too...

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

Organisation Name

N/A

Name

Mr Michael Barnett

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

See attached document.

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?

See attached document.

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

See attached document.

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.

See attached document.

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

See attached document.

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

See attached document.

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

See attached document.

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?

See attached document.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

See attached document.

What can be done now to prepare for changes to Victoria's mental health system and

support improvements to last?

See attached document.

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

"The attached document contains responses from 10 members of the Facebook group ""Proud to be a Second-Class Australian"", collected anonymously between May and June 2019 via an online survey (<https://www.surveymonkey.com/r/P2BASCC-RCVMHS>)."