

## Formal submission to the Royal Commission into Mental Health

### *1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination.*

Mental illness is not a deficiency on the part of an individual, but a symptom of society's failure to accommodate being human in all its complexities. The pressures of life can be overwhelming at times, causing a major illness but we all know mental illness is not treated the same as other health crises. The NDIS approach of delivering services to a select minority, exacerbates the exceptionalism of disability and entrenches segregation and stigma. We need services that are universally available to whomsoever feels they need support. NDIS focuses on people's weaknesses, not strengths and reinforces the perception of disability as an individuals' failings.

The fact is that few can afford to be candid about their mental illness in the open employment market. The deregulation of the labour market, has created conditions of precarious employment everywhere. The refusal of government to even aspire to full employment undermines any work to reduce stigma at work. In an employers' market, disability will always be regarded as risk, and the person with disability penalised.

A universal basic income, based on the DSP rate, might help. This is a structural issue.

### *4. What makes it hard for people to experience good mental health and what can be done to improve this?*

A safe place of refuge: a sanctuary or asylum, where we can go until we have the necessary and appropriate supports in place. Calling police puts us at risk. Turning up at hospital entails long waits - and when you do get admitted it is like a prison rather than a place of care or sanctuary.

I am very trepidatious about seeking urgent psychiatric intervention because the assessment teams can be simply dismissive or very aggressive, threatening and duplicitous. The casual resort to force escalates tensions in all circumstances and in some has lethal consequences. It is a huge disincentive to seeking help.

The fact that help is essentially unavailable except in circumstances of acute illness means people are much sicker before they receive the assistance they need. This contributes to the perception in the general populace of us as scary, dangerous monsters; tarring us all with the brush which damages progress toward understanding. We need responsive and appropriate mental health "refuges" that are adequately resourced with experts from the full array of auxiliary supports. The police are not equipped and should not be involved in doing welfare checks or anything else related to people with a mental illness.

Some of the practises carried on in high dependency units are highly inappropriate, if not illegal: restraint under lights in solitary confinement is something that happened to me. This punitive approach remains entrenched. On one admission my family were kept informed but I was allowed to believe my whole family had disowned me for weeks.

### *5. What are some of the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to redress this?*

Poverty is a big issue in this country that deserves a Royal Commission of its own. Unemployment, insecure and generally precarious employment, drives the level of stress everywhere in everyday life. Unaffordable and substandard housing all exacerbate the pressures of everyday life in Victoria today. The Victorian government should join the campaign to Raise the Rate. Many people of

unstable health are trying to manage on Newstart payments since successive federal governments have tightened qualification for the DSP. It is not feasible to live healthily in Australia today on Newstart payments. A Royal Commission is needed to examine whether Social Security Law is compliant with governments' human rights obligations. A fair test for the DSP must be reinstated.

Voluntary work is no longer available. Instead of being a way to contribute to one's community, where one might develop new skills and restore some confidence in a supportive environment; it is now an extension of the labour market. A free source of labour that many charities and "not-for-profits" rely on to deliver their "service model". Compulsory work-for-the-dole is the very antithesis of "voluntary" work and puts downward pressure on wages everywhere. Voluntary work should be outlawed until we have full employment.

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

Job security: stop funding everything on the basis of short-term grants but actually put funding into consumer- controlled community-based models proven to work.

Stop deskilling the industry. Over the twenty years of my interactions with mental health services in this state I have borne witness to the wholesale removal of social workers from the sector which now predominantly employs attendant care workers, medical para-professionals and an army of bureaucrats. █████ and other organisations in the sector are governed by executive directors paying themselves huge salaries, whilst the support workers delivering services are employed in casual and inflexible terms. In my experience we seem to have lost those key workers with historical memory and skill from the sector.

Consumers need mental health workers who are adequately remunerated and have all the proper benefits of secure employment, like sick leave and in-service training, to ensure we are not at risk from them. They need proper remuneration, and supportive work structures in order to be effective support workers; after all we invite them into our lives, our homes and into our trust when we are at our most vulnerable.

*8. 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?*

Voluntary work has been corrupted by the unregulated labour market. The voluntary sector is not only a free training ground for employers but a forced labour scheme for those unlucky enough to be unemployed. There used to be accessible neighbourhood houses to attend, as well as specialist services like Splash! Art Studio, for people with a psychiatric history. Now neighbourhood houses run very expensive courses and seem uninterested in NDIS funding. While Splash, originated as a community-based replacement for the Larundel Art Therapy Studio, it is now defunct.

Community-based services such as Sprout Kitchen Garden are prone to the foibles of the property market, in part because of the short-termism of their funding. Government need to recognise the value of these small services established by people with lived experience and resource them accordingly. While █████ has ostensibly moved the program to another suburb you cannot move a garden and so many of us, just feel abandoned.

Not-for-profits like Lentils-As-Anything are not equipped to run these sorts of facilities, we need services with a mental health focus and properly qualified expert staff.

Also, what is with the Men's Shed movement? How about gender neutral or even gender fluid mental health sheds in every community?

*9. 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?*

Provide a central refuge or four. Not hospitals, not sterile, clinical or prison-like hospitals; but sanatoria. Places genuinely promoting wellness: where we can seek refuge, restore equilibrium, access appropriate assistance, and referral to agencies that can actually help when we return to the community [as opposed to putting you on a wait list. Agencies need to be able to deliver housing, etc.]

Resist the individualised approach being forced by the Commonwealth government. Group programs with specialist expertise need to be nourished, not a one-size fits all like headspace, but not this NDIS approach in which there is no sense of community at all. Consumers are in no position, and it turns out NDIS Support Co-ordinators are little better qualified, to assess the quality of this burgeoning new sector. Quality assurance is non-existent among the plethora of new services.

Build much more public housing; Public Housing, not social housing. Government should be building and managing public housing which remains a first order priority for every human being. You can't start to get well without affordable secure housing. Public-private partnerships have been exposed as detrimental to taxpayer interest. Rather than delivering the profits to developers, as it seems the Andrews government are determined to do in Walker St Northcote, the government could benefit the whole state by undertaking such public works themselves.

Government should be a model employer. Work practises that enhance the mental health of employees such as permanent secure employment – together with paid parental leave, flexi-time, special leave etcetera - ought to be promoted as healthy workplace criteria in public service announcements. Employers could be offered incentives to provide "safe mental health workplaces"; employment protections secure the mental health of the whole community.

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

I write as a 51-year-old resident of the [REDACTED], mother of two adult children, former tax payer, long term recipient of the DSP. I have had 3 hospitalisations to psychiatric facilities and numerous interactions with both community mental health clinics and private psychiatrists since my initial diagnosis some 20 years ago. I now manage my bipolar disorder with my GP and the support of long-term counsellors through the local Community Health Service. I feel my diagnosis has circumscribed my life in countless ways, effectively excluding me from many mainstream aspirations. I get a NDIS support package but would prefer to know the services we need as a community are universally available when and as needed. You shouldn't have to be in some special category.