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

Organisation Name

N/A

Name

Emergency Management Coordiantor peter doyle

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

N/A

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?

N/A

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

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.

N/A

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

N/A

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

N/A

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

N/A

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?

N/A

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? N/A

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last? N/A

Is there anythin	g else you would like to	o share with the Royal Co	mmission?
"The		Committee () has o	concerns about
	and specifically	practices and procedures (
): T	heir Business Continuity Ma	anagement practices and duty
of care to their re	esidents During a recent f	flooding incident the VicPol	SGT on scene expressed
concern to the		Officer and the	later supported these
concerns.	did not have ac	curate records of residents	on-site in an accessible form
which could put t	the lives of first responde	rs, staff and residents at ris	k. They did not appear to
have sufficient st	taff ratios to support the r	elocation/evacuation proce	ss; which meant that they
were unsupporte	ed and unsupervised at th	eir emerger	ncv accommodation. "