

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

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Name

Anonymous

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

"1. More Peer Support and these Peer Workers are the ones making decisions with regard to care. Presentation of mental health issues in a manner like radio announcement - over 85 % people believe anxiety is an illness and you cannot just get over it'. More programmes like Mental As but with more input from Consumers."

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?

"2. Organisations such as CASA who do not set time limits, (sadly they are diminishing) as there should not be a time limit on a person's recovery. Mental illness seen through a trauma informed lens - something that happened to a person and therefore it is not their fault. Interrogation of diagnosis and traits as they can be stigmatising."

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

"3. The expansion of Headspace numbers I think is useful in terms of youth suicide. RUOK day - but how to make sure this is extended throughout the entire year."

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.

"4. It is hard to experience good mental health due to a number of environmental issues, poverty, poor housing, workplace bullying, bullying, stigma. Working through just the medical model can sometimes exclude help for people with personality disorders and people with other diagnosis."

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

"5. Poverty, Discrimination, ignorance, lack of job opportunities, lack of support in workplace, pushed out of workplace, social model of health."

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

"6. Stress of caring, stigma and corresponding fear of reaching out. To help work with families and value their knowledge - not discharge centred model."

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

"7. Lower caseloads, care before KPI's and discharge mentality, truly valuing life experience of Peer Support Workers, the strength of those with a mental illness and their families, strengths

based and recovery based practice."

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?

"8.Opportunities as peer Educators and their resilience given great trauma. More education needed but the education should come from those that know (the person with the illness) rather than just the Professionals. To realise opportunities also need to have emphasis on empathy and flexibility within systems and workplace. More education with regard to workplace bullying, RUOK day but make sure what RUOK teaches lasts for the whole year."

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?

"9.Increase in Peer Support Workers, increase in workforce, no work towards discharge when you first see a client, NDIS work, Newstart increase, Community Work, No tokenistic involvement of clients."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"10.True consultation with clients, not a one size fits all type of help, clients meaningfully involved in all parts of service delivery, more and more funding, de-stigmatisation."

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

"11.Mental health denies emotions through medication and through viewing the person through the lens of the illness. Psychiatry takes away my experience, moulds it in to their model and then hands it back to me in a way unrecognisable to me - Ron Coleman .You are Human being first not a set of symptoms that needs to be cured. Also empower clients by allowing them to see and if necessary amend their case notes and assessments. "