

<p><b>Your contribution</b></p> <p><b><i>Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.</i></b></p>
<p>1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?</p>
<p>Greater education, psycho-education, understanding, knowledge; non-judgment; mental illness is a health issue and does not discriminate so it is nonsensical and irrational for people to discriminate against it.</p> <p>More people in the public eye coming out and disclosing their mental health issues/journey, role models for others especially young people/youth; 1 person in 5 in this country experiences a mental health issue so it is very common and the impacts are widespread, therefore, treatment, interventions, recovery and funding needs to adequately reflect and support this.</p>
<p>2. 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?</p>
<p>Triage, referrals, G.P. Mental Health Plan &amp; referrals; need option for more than 10 sessions/year with psychologist if required; more self-directed consumer psycho-education; more resources toward prevention and early intervention. Public Health system can be more responsive and better funded to address mental health needs.</p> <p>Prevention: More early education around practices such as CBT, Mindfulness, meditation, yoga, tai chi, social supports, e.g. family, friends, being able and comfortable to talk early and openly about issues/concerns without judgment; recreation; connecting with nature, having a sense of purpose and life vision. Meaningful work/employment. Capacity building. More occupational therapies and Arts-based therapies – music, visual art. More supports to express creativity and to learn/develop skills, talents, strengths. Collaborative Recovery Model. Values and Strengths-based learning.</p> <p>Programs such as Early Intervention Psycho-social Support Response (EIPSR); expanding, evaluating, funding and creating more prevention and early intervention programs.</p>
<p>3. What is already working well and what can be done better to prevent suicide?</p>
<p>Training such as ASSIST, Mental Health First Aid (Youth, Indigenous and Adult/General), Crisis services can be more responsive, empathic – I think do a great job, however, I have heard first-hand examples from consumers where this was not the case, so training, monitoring and quality improvement/control needs to be best practice for every crisis contact and risk of suicide; reduce stigma – education and knowledge rather than fear and ignorance – education and understanding can better lead to prevention and early intervention.</p> <p>Better anti-bullying programs in schools and workplaces and more effective, timely resolutions to address incidents.</p> <p>More promotion of Human Rights and the Law; UN Rights of People with a Disability and Convention on Human Rights; understanding LGBTIQ+ as human rights.</p>
<p>4. 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</p>

support and how services link with each other.

Sociological Determinants of Health (WHO), lack of education and support – family, psycho-social, community – can improve with more supports for people especially most marginalised and disadvantaged, putting more government funds into Community Mental Health; more co-ordination and information sharing of services with consent from client to fast-track supports/treatment and minimise re-traumatisation. Barriers to access such as lack of Culturally and Linguistically Diverse services/supports/resources.

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

Isolation, regional areas and lack of resources, supports; co-morbidity, dual diagnosis – to address need greater community awareness and supports – local supports, practical and timely; access and referral pathways better streamlined.

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

Respite and emotional support for carers; appropriate financial support/renumeration. More Peer Support groups.

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

Employ far more peer support workers, peer-led recovery groups, more community peer support groups, include and fund peer-led groups within NDIS, employ peer workers in NDIS. Groups such as Flourish, Pathways to Recovery, GROW, My Recovery, Peer Zone (evidence-based).

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?

Flexible working arrangements to allow for recovery, the same as any other illness/disability; mental health day leave (preventative); mental health friendly employers (more education and understanding) - improve productivity, reduce absenteeism as a result; client/consumer directed initiatives; more public forums and events to promote mental health, recovery, barriers and how to overcome.

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?

Community Mental Health – psychosocial support services need to be a necessary part of the mental health landscape and properly funded – as well as being recovery focussed it also reduces crisis admissions as it addresses prevention and early intervention.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Reinstate and prioritise Community Mental Health services. Encourage broader take-up and use of Advance Statements. Expand peer support services. Most mental health consumers in Victoria are not eligible for NDIS, due to many factors such as episodic nature of illness, age and other criteria and are consequently without supports such as Outreach and recovery groups which were previously available providing recovery opportunities, achievement of goals and outcomes. This places far more pressure on crisis response where more emphasis needs to be at prevention and early intervention.  
More training and support on intersectionality.

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

Many people recover and beyond recovery go on to lead ordinary/extraordinary lives as contributing citizens and members of the community locally, nationally and globally. I think more of these success stories need to be told.