

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

SUB. 0002.0027.0068

Name

Anonymous

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

"My daughter [REDACTED] (born [REDACTED] 1990, after a birth in which the umbilical cord was caught and her heart beat became dangerously low) was diagnosed with high-functioning autism after a suggestion by her kindergarten teacher. She is highly intelligent and literate, but as a result of her disorder has mood swings, difficulty controlling emotions, difficulty reading other people's feelings, and is often very naive. She also has poor proprioception, so is often unaware where her arms and hands are, which causes her to touch other people unknowingly. She had integration aides throughout primary school and secondary school, but not at university (La Trobe, where she studied history to honours level). She has a government disability pension. It has been of great concern for us that, although [REDACTED] is very intelligent and personally pleasant, no way has arisen in which her talents can contribute to society through useful employment, something that she longs for. She has been taken on by several agencies who have taken government money to find her employment, but have not been able to do so. She tried out for a sheltered workshop but was not accepted; she spent some months doing door-to-door solicitation of donations on commission, but she had a low success rate. Does our society have no place for someone like [REDACTED] to use her skills? [REDACTED] has therefore resorted to further studies. She took out a Certificate IV in Youth Justice at NMIT (now Melbourne Polytechnic), as she has strong feelings about justice; and, more recently, she has been studying for a Diploma in Youth Work from [REDACTED] TAFE. [REDACTED] studies at both La Trobe and NMIT were successful: although she had no integration aide, these institutions coped well with her difficulties. The same cannot be said of [REDACTED]. Two students complained of inappropriate touching and inappropriate revelations (at least, we were told so. None of us, nor the Students' Rights Officer who assisted us, was ever given the opportunity to hear from them directly, or see their original complaints). One, we believe, was a student whom [REDACTED] thought was a close friend. We believe the inappropriate touching' was no more than [REDACTED] proprioception difficulties. When we have been on the same train as [REDACTED] we have noted her continual apologies to people as she makes her way to and from her seat; and even to those sitting next to her, as she realises she has accidentally touched them. We believe the inappropriate revelations' were merely her naivety, exacerbated by directives from her teachers, such as one who asked the class to reveal something about themselves that others might find shocking so she talked about her bisexuality. (Presumably students without autism know not to take the teacher at her word.) As a result, [REDACTED] was told she was no longer permitted to attend [REDACTED] campus. The situation was handled appallingly. [REDACTED] did not initially know what she was accused of. [REDACTED] own rules were ignored (though this may be a usual occurrence). She was offered no support and had to find it herself. It was only through a good deal of pressure through Students' Rights Officers that a hearing could be arranged; and at that hearing again [REDACTED] rules and procedural fairness were ignored and the [REDACTED] people judging the case secretly conferred with the Manager of [REDACTED] Safer Community' office, who had brought the case, before the hearing and the whole time while considering their verdict. By this time it was well

into the next semester, and alternative teaching and assessment were promised but never delivered. Only now, a year later, after a great deal of stress and at the cost of my own employment at █████, has █████ been allowed to enter the second semester of the course. It is probably no surprise that, though █████ has an Ombuds to whom █████ was referred, she absolutely declined to be involved. I also brought a discrimination complaint to the Victorian Equal Opportunity and Human Rights Commission. At the mediation session, █████ brought its Senior Counsel, who argued that █████ accepted nothing, not even that █████ had a disability. The Mediator advised us that because the question of safety had been raised, it was very uncertain how the matter would fare at the VCAT tribunal, and we have therefore not progressed the complaint further in that direction. I believe this is an example of a general problem. People with mental disorders often act in an unconventional way, which other people may find disturbing or even frightening, and believe their safety is at risk, when it is not. As safety trumps issues of discrimination, the effect is to demonise those who are not normal, and legitimise discrimination against them. (An █████ Students' Rights Officer has told us that she believes people with mental disorders are being more generally targeted there in the interests of safety'.) This is not helped, I believe, by the emphasis on the right to feel safe, which is not the same thing as being safe. One can feel safe and not be safe, and one can feel unsafe and not be unsafe. We would not consider it satisfactory, if someone were in an unsafe situation, merely to drug that person until all unsafe feelings were suppressed: we know it is the reality that matters. Yet the subjective perception of feeling safe' still dominates common teachings. If personal comfort is made the test of anything's acceptability, it surely opens the door to discrimination, not only on the basis of mental disability, but on many other bases too."

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

"We would be happy to supply supporting documentation if requested. An issue that perhaps should also be mentioned is that part of the allegations made against [REDACTED] by [REDACTED] was that she disclosed sexual abuse. [REDACTED] denies that she has ever spoken of sexual abuse, and says she was speaking of emotional abuse (mainly from a particular teacher). She has never told us of any sexual abuse. But if the staff believed she was speaking of sexual abuse, how shocking to make it a ground of misconduct!"