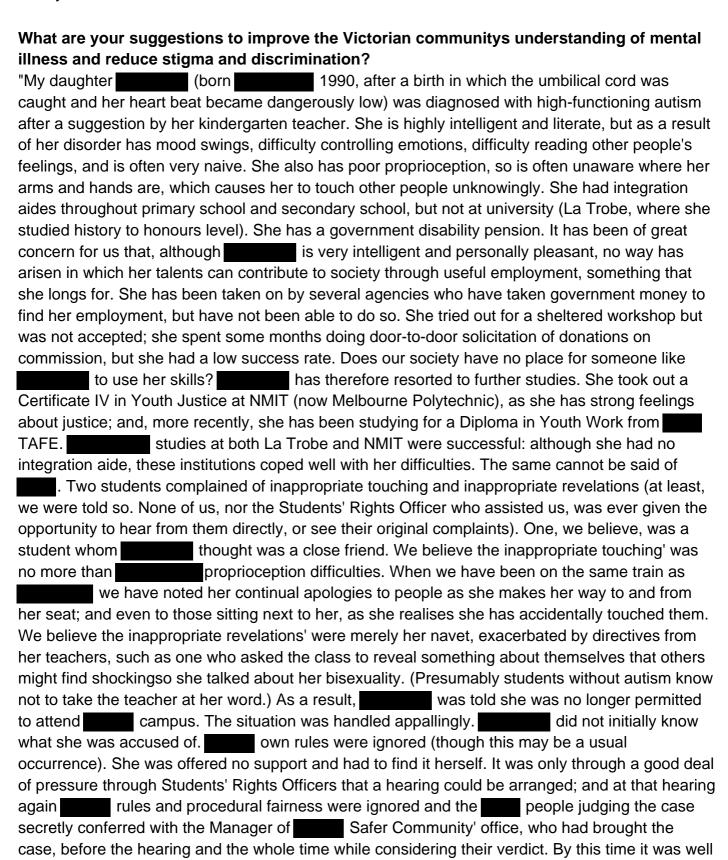
2019 Submission - Royal Commission into Victoria's Mental Health System

SUB. 0002.0027.0068

Name

Anonymous



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 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 Equa
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? $\ensuremath{\text{N/A}}$

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 by was that she disclosed sexual abuse. 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!"