

Jasmine Funda

Your contribution

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.

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

All frontline mental health workers to have a "mental health rights" that outlines "what is discrimination and what is not" where to get help etc. Similar to renters rights, if someone signs up for a mental health care plan - they should be given a brochure "your rights around mental health" such things like, "where to go to for help" "should you disclose your mental health issues to your employer? what will happen if you do? How to talk to family friends about your mental health. How to ask for help, where to ask for help.

Signs you are coping well vs high functioning

signs you may consider asking for help (not eating well, not sleeping well, hygiene, isolation)

> More robust training on the effects long term and short term of childhood trauma. All first responders to have "trauma informed" approach to all situations, especially police and family violence teams, and physicians that deal with addictions.

All medical professions, teachers, anyone that deals with the public in a "carer" capacity should have proper training.

All prosecutors, lawyers, judges and vcat administrators to understand the impact of mental health in all aspects of a persons life.

A mental health emergency room at all major public hospitals. Mental health first responder teams instead of police (treating affected like a criminal) showing up.

If the state sets up services like these you are showing the public that you treat mental health seriously - people judge by actions not words, not tv campaigns to "treat others with respect" at the moment people with mental health issues, can be treated like lepers, criminals and worthless. the state needs to make a stand and show that they are serious about mental health, that it is not just a state issue "mental health costs the economy \$\$\$\$ a year" , its a humanitarian issue.

Another issue. being "sectioned". why is this a permanent fixture on your MNI? why should it ever flag if the person was not violent, and just had a breakdown? Understood if the person was violent that it needs to be flagged on their LEAP record. However, for someone who was sectioned 20 years ago i believe it should be removed, as it is a medical record not a violent one. I believe leaving this flag on peoples records is a breach of privacy. I don't believe it should be on a system that's sole purpose is to record criminal activity. There is stigma right there for police. As soon as they see this they change their approach which can be worse for the person if the police members are not trauma informed. That record can affect them in possible civil proceedings in the future and any other charges that they may have against them. It is not a fair process and the practice of "sectioning" flags (non violent/not suicidal) should be ceased and immediately remove this record from peoples MNIs.

That you can recover from mental health issues, it is not a life sentence. It can something that you learn to cope with, similar to disability. You are not "doomed" for life.

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?

Mental Health response teams, mental health emergency wards as a triage specifically for mental

health emergency patients in all public hospitals - a solid state requirement. Must be implemented.

> The fact that the state only allows 10 sessions on a mental health plan is both short sighted and unrealistic, on what basis was this number derived from? what evidence or research? The 10 sessions leaves affected people with a dire sense of loss and despair, what if they aren't better by the 10th session? does that mean there is something really wrong with them and they will never get better? is it the persons fault that they are unable to afford more sessions but desperately need them? This puts unbelievable strain on some affected persons who are already struggling with the day to day life, this makes people feel like an utter failure. this is similar to saying "you broke your leg- but we are only paying for 1 surgery, too bad if their is complications, or if you need a hospital bed, you are on your own after that" for people who have no family, no carers or loved one and live in isolation due to their mental health issue - this can be devastating and adds to their own self criticism, adds to self stigmatisation and self discrimination "i'm not well, i can't do xyz, I am hopeless, i can't get a job, no one would hire me, they will be able to tell, i can't even get my life together after 10 sessions (feel like a failure)" Its a practice (limiting sessions to 10) that must be stopped. It adds to the stigma and discrimination by self, by cares/family/ loved ones, as it puts unrealistic expectations on a issue that cannot and should never be quantified.

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

Not for profit ground movements have made leaps and bounds, "heart on sleeve" expand on this. the call back service is great. a step by step guide "what to do if you are worried about a love one" cannot be a stand alone document . It must be accompanied by a "what to expect" ie:when you call 000 and report this potential suicide, a police vehicle with an ambulance will arrive. YOu may be blamed by the person , even hated, etc etc. the person may then be transferred to a psychiatric ward to undergo treatment. etc etc.

A more thorough explanation of a suicidation, for the carers, family and loved ones to help navigate not only their person, but themselves throughout the process. the person cannot be supported if the carers are left without support. More clearer outlines for the carers .

Better understanding of how medications, illicit drugs can alter perceptions and brain activity and lead to suicidation. How to best address this? how is addressed currently. that addictions to prescription drugs is a leading health concern one of which includes suicide. Other health concerns is damage to organs and day to day functionality etc.

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 support and how services link with each other.

Family violence - especially children who are affected, seem to fall down a "resilience gap" whereby if "they look fine they are fine" . Family violence experienced by children over a long period of time is akin to torture, and has proven to affect the emotional regulation of the child, as well as cognitive development of the brain. Larger net to be caste as far as linking services wtih family violence victims an children.

Access re: 10 session limitations and limitations on who the service providers are (see above)

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

Cultural stigma and discrimination. addressing the perceived shame that beholds some cultures, which allow mental health issues to potentially worsen behind closed doors . More transparent and active actions by the state

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

> further information, as described above, "what will happen if you call 000 etc" " how to be a helpful carer" etc, do's and don'ts make it very clear

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

Debriefing sessions compulsory requirements, therapy (limitless sessions, and not just through a EAP provider type. The worker must have the ability to choose their own therapist and treatment options, it cannot be restricted as it is currently .
Inhouse activities as a work requirement/ compulsory activity within the work place.

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?

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> a referral service to attend bulkbilling: Trauma/mental health informed activities. Prescribed by Physicians / therapists //counsellors, Including art therapy, music therapy , all group activities

Eviene based treatment plans to be fully funded and supported.

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?

Increase the 10 sessions to limitless sessions. Stop discriminating against the poor and the sever mental health affected persons
Expand the mental health plan to include ALL FORMS OF therapy. Psychotherapy, counselling, social workers etc. There is absolutely NO reason why these are not included. (other answers above)

Expand the mental health plan to : limitless sessions (capped pricing/bulk billing), expand the mental health plan /bulk billing services: to include social workers, counsellors, psychotherapists, trauma sensitive yoga, EMDR sessions, neurofeedback sessions (the last four are all evidence based treatments shown to have the best response to PTSD, and had the only military commissioned study in the world=USA)

Address the potentially corrupt and harmful practice of only allowing psychiatrists and psychologists to qualify for "safety net" payments. Why is it these two (very narrow) mental health fields have the largest and most lucrative chunk of public funding? Is it due to lobby groups? why are brilliant services such as counselling and social workers being ignored, psychotherapy is the only talk therapy that has the best results for treatment of PTSD, yet is entirely ignored.

How is it that social workers and counsellors are employed as a legitimate profession by the government (child protection agents, victims assistance program counsellors) yet not legitimatised under the public health system ?
It is ridiculous.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?	
<p>></p> <p>Communications to all physicians, carers, and any workers in the criminal /civil field, child care etc, about the changes and what it means for Victorians. What to expect.</p>	
<p>11. Is there anything else you would like to share with the Royal Commission?</p> <p>Greater victim centric decisions and protections. Mental Health affected persons sometimes do not know their rights around discrimination, anxiety and PTSD, cPTSD, etc may deeply affect the ability for his person to report discrimination.</p> <p>The affect of childhood trauma as an adult must have further public funding, research and treatment.</p>	
Privacy acknowledgement	<p>I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/></p>