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

SUB. 0002.0032.0160

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination? N/A

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? "Adopting a similar system to South Australia whereby the Mental Health Act authorises the involuntary treatment of individuals exhibiting symptoms of psychosis which are likely to respond to treatment, only where such symptoms cause the individual to suffer more harm than involuntary

treatment will cause. For instance, as a working or volunteering in community centres. and also in my private life, I have encountered individuals suffering severe symptoms of psychosis - auditory and/or visual hallucinations and panaranoia, very likely to be the result of schizophrenic illness, but unless the person represents a risk to their own health (interpreted as a risk of self harm or suicide), or a risk to others (interpreted as a risk of violent aggression) then the mental health services claim they are unable to intervene. Instead, the individual, lacking any real insight into their condition, feeling immensely frightened, stressed and confused, will only receive treatment if they seek it, themselves. This is an inhumane system, disguised as supporting human rights, but giving these people no real support. I can cite several compelling examples, not just of individuals suffering diagnosed or as yet undiagnosed schizophrenia, but also one man who suffered a completely disabling paranoid personality disorder which eventually drove him to leave Australia and return to his country of claimed persecution, Iran, where I believe him to be a high risk of torture. In that case the Public Advocate whom VCAT appointed as the man's guardian, deliberately allowed the man, as unwell as he clearly was, to return to Iran, despite his having been granted permanent protection in Australia. They completely failed to protect him in any way, despite being his guardian."

## What can be done now to prepare for changes to Victorias mental health system and support improvements to last? $N/\Delta$

N/A

Is there anything else you would like to share with the Royal Commission?  $\ensuremath{\mathsf{N/A}}$ 

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