Your information Title	Mrs
First name	IVIIS
Surname • • • • • • • • • • • • • • • • • • •	
Preferred Contact Number	
Postcode	
Preferred method of contact	X Telephone
Gender	✓ Female☐ Male☐ Self-described:☐ Prefer not to say
Age	□ Under 15 □ 15 – 17 □ 18 – 24 □ 25 – 44 ⊠ 45 – 64 □ 65 – 84 □ 85+ □ Prefer not to say
Do you identify as a member of any of the following groups? Please select all that apply	 □ People of Aboriginal and Torres Strait Islander origins □ People of non-English speaking (culturally and linguistically diverse) backgrounds □ People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community □ People who are experiencing or have experienced family violence or homelessness □ People with disability □ People living in rural or regional communities □ People who are engaged in preventing, responding to and treating mental illness ☒ Prefer not to say
DUTY OF CARE (L) PO BACAUEYOR LUCOR, LV LUCOR, LV LUCOR, LV LUCOR, LV L	 ☑ Individual ☐ Organisation Please state which organisation: Please state your position at the organisation: Please state whether you have authority from that organisation to mathis submission on its behalf: ☐ Yes ☐ No ☐ Group ☐ How many people does your submission represent?

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? ☑ Yes □ No				
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document \boxtimes Yes \square No				
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers ☐ Yes ☒ No				
*	☐ Person living with mental illness				
	☑ Engagement with mental health services in the past five years				
	⊠ Carer / family member / friend of someone living with mental illness				
=	☐ Support worker				
Please indicate which of	☐ Individual service provider				
the following best	☐ Individual advocate				
represents you or the organisation/body you	☐ Service provider organisation;				
represent. Please select	Please specify type of provider:				
all that apply	☑ Peak body or advocacy group				
	☐ Researcher, academic, commentator				
	☐ Government agency				
	☐ Interested member of the public				
	☐ Other; Please specify:				
	☐ Access to Victoria's mental health services				
	☑ Navigation of Victoria's mental health services				
	□ Best practice treatment and care models that are safe and person- centred				
	⊠ Family and carer support needs				
	☐ Suicide prevention				
	☐ Mental illness prevention				
	☐ Mental health workforce				
Please select the main Terms of Reference	☐ Pathways and interfaces between Victoria's mental health services and other services				
topics that are covered in your brief comments.	☐ Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements				
Please select all that apply	☐ Data collection and research strategies to advance and monitor reforms				
арріу	☐ Aboriginal and Torres Islander communities				
	☒ People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities				
	☐ Rural and regional communities				
	☐ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system				
	☐ People living with both mental illness and problematic drug and alcohol use				
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For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one	box
Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
Anonymous	My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted). USE FIRST NAME ONLY - PROVIDE PH NUMBER ONLY. If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.
Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file.
 Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they
 may be referred to in the Commissions reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part
 of any submission for privacy, legal or other reasons.

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? ☐ Yes ☒ No			
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document ☑ Yes □ No			
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers ☐ Yes ☐ No			
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	□ Person living with mental illness ☑ Engagement with mental health services in the past five years ☑ Carer / family member / friend of someone living with mental illness □ Support worker □ Individual service provider □ Individual advocate □ Service provider organisation;			
	 □ Access to Victoria's mental health services □ Navigation of Victoria's mental health services □ Best practice treatment and care models that are safe and personcentred □ Family and carer support needs □ Suicide prevention □ Mental illness prevention 			

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?

It is helpful to continue have well known people publicly talk about their battles with mental health issues and how,if at all they have overcome them.

The public need to be educated that there is a spectrum of anxiety and depression. The symptoms can wax and wane depending on what else is happening in that persons life.

That treatment may fix the problem or may it not. It may lessen the symptoms for a while but some days are better than others and many people with MH cannot predict completely how they are going to be tomorrow the next day or the next week.

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?

Current media coverage and public awareness campaigns are good pretty good particularly around supporting youth with MH issues. There has been a lot of awareness raised at both my twins schools and both have access to counselling services within their school environment. Both my daughters have good awareness of MH issues in adolescents and MANY of their friends are being treated for anxiety and depression that they are aware of and they talk about it. I am not sure what happens after they leave school and this concerns me.

Awareness is pretty good but accessing early support and treatment is a pipedream really.

There are not enough Psychiatrists that specialise in adolescent MH issues particularly if the adolescents have concurrent comorbidities such as ADHD ,Learning Disabilities, Autism etc

The cost of accessing good help is prohibitive. It currently costs around \$400 per visit to a private Psychiatrist with health funds paying out less and less each year. The individual will often need several appointments for the Psychiatrist to get a history ,and if in the case of a youth to talk to other members of the family the initial out of pocket costs can run into \$1500 or more plus time away from work etc. Cost of treatment –ADHD medications are expensive and patient is often trialled on several before the right one is found.

The one long round of appointments from the GP for a MH plan , Psychiatrist referral and back again adds to this cost and burden on the family

	N " "
3.	What is already working well and what can be done better to prevent suicide?
	Not sure
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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.
	There needs to be greater emphasis on prevention and particularly research based preventative strategies. At work place greater flexibility on work places and time, Greater emphasis on building small mentorship teams. Having a workplace culture that has a vested interest in not only profit but keeping their employees engaged and happy.
	Provision of anonymous free counselling and advisory services at workplaces.
	Encouraging employees to have not just work related goals.
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5.	What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
5.	outcomes and what needs to be done to address this?
5.	What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this? I have addressed this partly in question 6. Lack of accessibility, System to complex ,costly and time consuming to navigate. No one to help! It

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

Where do I start? I have had to access services for both my year 12 daughters in the past year but cant help thinking that if they had been able to access better services before year 12 it would not have been so bad.

One had an eating disorder as well as Dyslexia and Aspergers and ADHD.

The other has ASD, Dyslexia and ADD. Both have been diagnosed with moderately severe anxiety this year.

My daughters have needed regular appointments with Psychologists, Psychiatrists ,Dietician ,GP and Paediatrician as well as Speech Pathologist for one daughter and tutors for both.

After my daughter was discharged from hospital last year I spent three months travelling into my daughters school to feed her 3x a day because they said that they could not supervise her even though they have a health centre,2 nurses and a counsellor on duty most days. This was so burdensome that I could barely look after anyone else in the family let alone myself.

I have had to give up work to support them through this year and not only has it has affected my own mental health at times it has put pressure on our finances as well as my relationships with my husband and friends which increased my overwhelming sense of social isolation.

Because of the cost and time spent going to and from appointments for my daughters I have not been able to get help myself.

I have no family in this country that can help.

I am a Nurse and speak English and know the system well but trying navigate AND juggle multiple heath providers has been a full time job not least because I have had to be the "communicator" between all of them. There needs to be a better and more standardised communication system between the treating providers to reduce the need for already over burdened family members (usually the mother) to do this. On top of this I have needed documentation for my work to get Carers leave as well as trying to claim for appointments where health providers do not have the ability to claim on my behalf at times it has all been too much.

A far more streamlined . integrated and less complex approach is needed for families so that they can focus on caring for their sick family member and self care. Access to health care providers

who often are not able to provide a service (particularly in the private system) because they are trying to service too many patients or working part time hours! Capped or reduced costs! It is ridiculous that it costs \$400 to access a private Psychiatrist – and then that person does not communicate with the other health care providers...its their job! The private health care system is not the place to do this!! My experience with the public system was much better,,more team approach and integrated but based 25 kms away. Access to Skype consults or emergency Skype call check ins would be good particularly for my daughter who often needed support between appointments that were 3 or 4 weeks apart.

Having better access to healthcare providers under one roof!!! Depression and anxiety often come with other comorbidities and having a healthcare hub or teams physically located in one building would be really good.. To improve communication and negate the need for driving miles every week.

Too much documentation required . I have also had to had to deal with documentation to both Girls schools to prove that they could not sit their exams, this has to come from a doctor for each exam subject each time... adding up to a lot of expense

I am supposed to maintain my own CPD points plus work hours to maintain my Nursing registration in order that I can work into the future but wonder how I am supposed to do this with the burden of looking after my daughters? I have now been off part time work for 10 months and have just decided to go back to casual employments so that I can have the flexibility to work or not

That provide all the Services together under one roof as I mentioned hishard be fear approach Greater accountability for psychiatrios NOT managed) doing a good job. There are not enage

Checks & balances to weed out the DuD Gres!

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A Review System by their pareirs & Staff

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practise until they campy with Standards

- So easily accessesse MINIMUM

standards of care that have to be pagent

met - these to be Visible for all 7 Charles?

for See - So everyone knows what

to expect.

7.	What can be done to attract, retain and better support the mental health workforce, including peer support workers?
	I am unsure about this.
	Perhaps train them and pay them well
	Better career structure and support from their superiors
	Mental healthcare teams where they are valued more for their contribution.
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?
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?
	The role that Health providers have to play in respect to communication between them
	Better systems to cope with this. Greater accountability for those working in the private sector
	Capped costs, maximum numbers of patients per Psychiatrists, provision of care and monitoring of appointment lead times as a means of determining whether care is being provided in a timely fashion. More urgent appointment availabilities for patients with comorbidities and just out of hospital. Telephone support by care providers.

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Is there anything of	else you would l	ike to share with	the Royal Com	nission?		
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