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?

Education to provide better understanding of:

- · the needs of individuals with mental health issues.
- the broad scope of what mental health is.
- mental health first aid within schools / workplaces

Providing mandatory mental health first aid as part of Worksafe policies and procedures – including mental health first aid training within basic first aid training.

More positive media representation of mental health issues and how sufferers face difficulties with daily issues – including well known and respected personalities championing the cause.

Penalties for negative mental health media representation.

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?

Already working well - ???

What can be done better:

Destigmatising mental illness within the community - through better recognition and acceptance - will assist in individuals recognising and accessing early treatment and support.

Increased, readily available and easily accessible publicly funded access to professionals for individuals and carers seeking support.

Based on personal experience **communication and continuity of treatment** and support, particularly between public and private facilities and professionals, is extremely poor. This in turn provides very poor support and treatment thus causing individuals to drop out of what is already a very disjointed and confusing system. This creates an even greater challenge for those suffering from mental illness.

Unlike other emergency medical conditions, there is no opportunity for mental health patients to present to a private facility for **crisis management** (treatment and support).

When presenting to any public facility there is **haphazard follow up** and, from personal experience, a persistent attitude of how quickly a patient can be discharged.

We r	We need specific Mental Health Emergency Departments with properly trained professionals and ready		
acce	access to follow up mental health professionals and treatments, ie formalising case management.		
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3. \	What is already working well and what can be done better to prevent suicide?		
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4. V	What makes it hard for people to experience good mental health and what can be done to improve		
, . S	this? This may include how people find, access and experience mental health treatment and support and how services link with each other.		
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5. V	What are the drivers behind some communities in Victoria experiencing poorer mental health		
0	outcomes and what needs to be done to address this?		
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6.	What are the needs of family members and carers and what can be done better to support them?
	Better understanding of the importance of family/carers' input in the holistic care of the individuals.
	Encouragement to involve family/carers in ongoing management of individuals.
	Good communication from professionals and easy access to support services available for family/carers.
	Recognised quality standards to be adhered to within support groups which in turn could be supported by public funding. This would ensure accountability to the various support groups available and confidence for the consumer in attending such groups – there are currently some questionable groups operating in Victoria who prey on family/carers at their most vulnerable.
	There is a great need to improve avenues for the reporting of grievances and concerns regarding treatment of mental illness within private and public facilities. There is also a great need for prompt responses. From personal experience, I lodged a complaint that took 4 months to be acknowledged. The response the facility provided was inadequate and did not address my concerns therefore I made a formal complaint to the December last year and I am yet to receive a response from the

7.	What can be done to attract, retain and better support the mental health workforce, including peer support workers?
	Better training
	Mandatory updating of skills
	Mandatory regular debriefing with other mental health professionals.
Strict regular monitoring and supervision of peer support workers regarding suitability on a individual case by case basis, including formal evaluation of process.	
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?
	See above comments.

10. What can be done now to prepar improvements to last?	re for changes to Victoria's mental health sy	stem and support
See above comments		
11. Is there anything else you would	like to share with the Royal Commission?	
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My daughter has had a history of mental health issues since the age of 8 with a formal diagnosis of BPD. We have had several private psychiatrists – one in particular that had admitting rights to a particular private facility. He determined after seeing my daughter for approximately six months that she was not suitable for him to treat. He abruptly withdrew his services and no other psychiatrist within this facility was prepared to accept her as a patient thus leaving us with no access to this facility. The fact that a professional can "pick and choose" their clientele for ease of practice enhances the stigma and discrimination on the individual.		
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Privacy acknowledgement	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.
	⊠ Yes □ No