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

Name
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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
"When I go to hospital for medical reasons, which has been quite often, it is hard to be believed because staff tend to look at my mental health record and treat me like it's all in my head. I suggest that staff don't look at the mental health record when people are in emergency departments when they have come in saying that they are in pain, or feel sick.   This past week, I was in emergency for mental health crisis and I was searched with a metal detector. They didn't explain why they were doing this, and I was already scared and upset. I told staff that I was not a criminal but I was a human. They made me do the search before I could go on further. Some people are violent but we aren't all violent and many of us have a extensive history of trauma and abuse so when we go in to hospital it is very scary being physically invaded by harsh procedures. I suggest to reduce stigma and discrimination that there is more education for staff in hospitals, that they employ more peer workers, that the environment is made more friendly, and kind. I had a good experience at the ▮▮▮▮ last week, which is doing a trial on a new way of triage so I got to go to a quiet place and this was really helpful. I felt that they understood why I was there.   "

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?
"I am living in a Supported Independent Living (SIL) community. I like that SIL is longer term, I feel that I can have stability, safety and support that I have never really had, NDIS isn't perfect, and we could do with more groups, more staff, and more activities.   There should be more Prevention and Recovery Centres (PARCS), and Community Care Units (CCUs),   More facilities like McAuley House for Women in Footscray, where I lived for two years after getting out of a abusive situation. Don't roll abuse under the carpet, which is what you have been doing for years. It's becoming more open but still men are protected and society doesn't believe our (women's) stories.   Triage. CATT (crisis and assessment teams) only respond to the most extreme events, with taking people to hospital, or come and visit and leave because they think we are OK. They can't see inside our heads, and it makes me angry that we have to take drastic action before we get listened to and even then we go in for a few hours and then get sent home. I got discharged last week at 12:15 am and was told to get the two trams home through the city. This was the ▮▮▮▮ which was good with the quiet room but this was not ok. They gave me a MYKI to get home. I did not feel safe, and was scared, my trauma is around sexual assault.   Public services are too busy. "

What is already working well and what can be done better to prevent suicide?
"Not much is working well, there are way too many people dying and suffering and hurting themselves, me included.   I have found help lines take too long to get through, so I give up.   To prevent suicide we need to protect vulnerable people better, and keep dangerous men away from women and children. We need better supports that understand why we feel suicidal, and don't tell us what to think and do. We need more peer workers, because they understand what it is to feel

hopeless and empty and they offer more understanding and make things seem a little less bad, which sounds simple but it is extremely powerful to not feel alone.   I am involved in Trauma counselling with SeaCASA and they are helping me to live with what has happened to me. Do not tell people to ""get over it, look at positives, you're just being emotional"".   More money for Mental Health. More housing options. Not having us on Newstart forced to look for work when we cannot function day to day."

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.
Centrelink is called Missing Link for a reason. Waiting for hours to speak is not ok. All online is not ok.   What has been hard for me: Not feeling safe Being abused Not having money Not having education Not having access to opportunity My overwhelm making it hard for me to get through a day let alone work Foggy mind can't focus What would improve this: free courses for mental health encourage consumers into the peer workforce and support them/ us with training safe housing options

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Money money money Socioeconomic reform

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?
Early days for NDIS in my area. Haven't seen results yet. I think we need more mental health help groups. More community art groups. More outreach services and psychologists that are NDIS friendly

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?
Sexual assault trauma counselling suicide prevention housing stigma

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

Is there anything else you would like to share with the Royal Commission?
I would like to see more help for those people who look happy but are not happy. Too many

people are unhappy inside and don't get support.