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

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Greater education in schools to 'normalise' mental health problems just as we no longer stigmatise people with 'physical health' problems eg leprosy

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?
"Again education as many mental health problems like physical ones can be prevented with a healthy, emotionally nurturing upbringing."

What is already working well and what can be done better to prevent suicide?
"Police need to move from a blaming, ridiculing culture that although improved has been ingrained for many decades eg the labelling of people who suicide by hanging as a 'swinger'"

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.
Some in the field mental health field still trivialise or don't believe people who describe their experiences.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Reducing the stigma.Easier access to support services Less use by psychiatrists on drugs as the answer instead of seeing them as life jackets in order to help people move to a better mental state so as counselling can be more effective. Most mental health is an emotional disorder that can be alleviated with a caring counsellor as opposed to a purely genetic disorder.

What are the needs of family members and carers and what can be done better to support them?
They too need access to empathetic carers as well as circuit breakers from day to day stress of helping someone with serious mental health problems.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Greater education as many still blame the person with the mental health problem yet they would be unlikely to blame someone who brain misfires during a seizure disorder.

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?
People with mental health disorders are very prone to power imbalance issues via poor treatment by workers in the field. Greater advocacy availability for these people would help.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Best addressed by dealing with the issues written below re my own mental health experiences within the system.

Is there anything else you would like to share with the Royal Commission?
"Own personal experiences.Twice contacted ▮▮▮▮▮▮ healthcare mental health unit in ▮▮▮▮▮▮▮▮ during a severe suicidal crisis. On both occasions I was told to see how I go and if no better in 3-4 hours call back.If a health care worker did this to a person suffering acute angina my guess is there would be a major investigation to see why good clinical practice guidelines were not followed. Because it was a mental health issue it is deemed by some health care workers as OK to dismiss the seriousness of the crisis.Recently I had a consultation with a health care worker again to assist with my suicidal bouts at ▮▮▮▮▮▮▮▮ hospital in ▮▮▮▮▮▮▮ I was told I would be contacted in about 2 weeks for follow up. That was approx 5 months ago and no follow up occurred despite myself ringing to see about follow up. Once again my guess is if I had cancer or chest pain there would be a major investigation to see why I had not received any follow up.Mental health is still see as the 'poor second cousin' to physical health by some working in the industry with its seriousness downplayed or dismissed too easily. My sense is sometimes some people are attracted to work in the mental health care system as a way to bully or belittle others just as some people are attracted to the police force or military as an avenue to act out their violent needs on others. Skolnick, Jerome H. (2002). ""Corruption and the Blue Code of Silence"". Police Practice and Research. 3 (1): 7. doi:10.1080/15614260290011309.Skolnick, Jerome H.; Fyfe, James D. (1995). ""Community-Oriented Policing Would Prevent Police Brutality"". In Winters, Paul A. Policing the Police. San Diego: Greenhaven Press. pp. 4555. ISBN 978-1-56510-262-0.https://journals.sagepub.com/doi/abs/10.1177/1524838005285916"