

THURSDAY 4TH JULY 2019

from

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM
P.O. Box 12079
A' BECKETT STREET
VICTORIA 8006

DEAR SIR/MADAM,

I AM PLEASED TO HAVE THE OPPORTUNITY OF PROVIDING MY FORMAL SUBMISSION TO THE "ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM". I BELIEVE THIS ROYAL COMMISSION IS EXTREMELY NECESSARY AND TIMELY.

I APOLOGISE THAT MY SUBMISSION IS ENTIRELY HAND-WRITTEN. AS I AM CURRENTLY IN PRISON, THE AVAILABILITY OF P.C.'S AND OTHER SUCH RESOURCES IS EXTREMELY LIMITED IN A "B" RATED FACILITY. ALSO, I WAS ONLY ABLE TO OBTAIN THE REQUIRED FORMS ETC... FOR THIS SUBMISSION YESTERDAY VIA MY CASE WORKER HERE.

THEREFORE, MY SUBMISSION IS DATED 4TH JULY 2019 - JUST ONE DAY PRIOR TO YOUR "CUT OFF" DATE OF 5/7/19. I APOLOGISE FOR THIS AND I RESPECTFULLY REQUEST THAT MY SUBMISSION BE REGARDED AS VALID.

MY SUBMISSION IS ESSENTIALLY TWO-FOLD. IT INCLUDES MY PERSONAL VIEWS AND EXPERIENCES, PLUS MY OBSERVATIONS

2.

AND EXPERIENCES AS A PRISONER AT THE [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

I ALSO APOLOGISE IF THIS SUBMISSION DOESN'T "FLOW" VERY WELL. MUCH OF THE CONTENT IS DIFFICULT FOR ME TO BOTH REMEMBER AND TO WRITE ABOUT.

FIRSTLY, I SHALL TACKLE MY PERSONAL OBSERVATIONS AND EXPERIENCES.

IN MY ATTACHED FORMS, YOU WILL NOTE THAT I AM EXTREMELY CRITICAL ABOUT HOW ARROGANT, DISMISSIVE AND DETACHED THE JUDICIARY, PROSECUTION AND POLICE ARE IN REGARD TO TRUE, CONFIRMED, REAL, DIAGNOSED AND OBVIOUS MENTAL HEALTH ISSUES ARE. I WAS SHOCKED TO SEE HOW VERY LITTLE WEIGHT AND CONSIDERATION IS GIVEN TO OVERWHELMING CLINICAL EVIDENCE AND FACTS.

THE JUDICIARY ARE SO EASILY MISLEAD BY THE PROSECUTION. SUDDENLY, JUDICIARY AND PROSECUTION SEEM TO KNOW MORE ABOUT MENTAL HEALTH THAN THEIR MEDICAL COUNTERPARTS. IT BEGARS BELIEF TO WATCH AND BE PARTY TO THE MANIPULATION.

WHEN THE INCORRECT INJUSTICES ARE DELIVERED, NO-ONE IS ACCOUNTABLE. PER QUESTION 11. ON YOUR FORM, YOU WILL NOTICE HOW MANY COMMISSIONS, AUTHORITIES AND ORGANISATIONS I HAVE TAKEN MY GENUINE AND LEGITIMATE CONCERNS TO. WHETHER YOU ARE THE JUDICIARY, PROSECUTION, POLICE, A LAWYER - YOU ARE NOT ACCOUNTABLE FOR YOUR CONDUCT OR PERFORMANCE. MANY OF THE BODIES I HAVE COMPLAINED TO ARE

3.
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ARE ADMINISTERED BY PUBLIC SERVANTS WHOSE INVESTIGATIVE AND RESEARCH EFFORTS ARE EXTREMELY POOR. I KNOW FOR UNSHAKABLE FACTS THAT UNTRUTHS AND MISLEADING INFORMATION WAS PRESENTED AND ACCEPTED. IN MY CASE, MY INEPT (VICTORIA LEGAL AID FUNDED) LEGAL REPRESENTATION ALSO BADLY LET ME DOWN.

MY MENTAL HEALTH HISTORY GOING BACK TO 1991 WAS IGNORED.

MY WIFE HAD SERIOUS LAYERS OF BOTH MENTAL AND PHYSICAL HEALTH ISSUES. THE JUDICIARY AND PROSECUTION PAID NO ATTENTION TO HER BEING A VERY HIGH RISK AND VULNERABLE INNOCENT CITIZEN. THE POLICE INTERFERED IN HER HEALTH MANAGEMENT RECORDS AND HAD SOME OF MINE CHANGED TO SUIT THEIR ARGUMENTS IN COURT. THE DOCTOR/PATIENT CONFIDENTIALITIES WERE OFTEN BREACHED UNDER PRESSURE FROM THE POLICE. WHEN WE ASKED THE COURT FOR JUST ONE MORE MONTH OF BAIL TO ENSURE MY WIFE'S ^{MENTAL} HEALTH CARE WORKER WAS IN PLACE PRIOR TO MY POSSIBLE INCARCERATION, AND DESPITE THE OVERWHELMING ESTEEMED MEDICAL PEOPLE WHO PROVIDED REPORTS AND LETTERS, I WAS REMAINDED DUE TO THE PROSECUTION MISLEADING THE COURT. THEY WERE ALLOWED TO! JUST EVEN(11) DAYS AFTER I WAS REMAINDED AND AS PREDICTED, MY DEAR WIFE AND PARTNER OF 27/28 YEARS SUICIDED. NO-ONE IN AUTHORITY HAS EVER SHOWN OR ACCEPTED A MODICUM OF RESPONSIBILITY OR "DUTY OF CARE".

MENTAL HEALTH REPORTS FROM THE VERY BEST CLINICAL EXPERTS THAT ARE HANDLED UP IN COURT ARE BASICALLY USELESS. JUDGES DO NOT ENGAGE IN ANY RESEARCH RE THE FACTS.

4.

SINCE THE PASSING OF MY WIFE I HAVE DILIGENTLY SOUGHT DOCUMENTS TO ESTABLISH EXACTLY WHAT WAS GOING ON "BEHIND THE SCENES" PRIOR TO MY BEING REMANDED. THE DOCUMENTS AND EVIDENCE SPEAKS FOR ITSELF.

ALSO, THE PROSECUTION AND POLICE WENT OUT OF THEIR WAY TO PORTRAY ME AS AN EVIL, GREEDY MONSTER. IN FACT, I WAS A LOVING, CARING AND DEVOTED HUSBAND AS THE RECORDS SHOW. MY MENTAL HEALTH ISSUES WERE USED TO WRONGLY PORTRAY MY PERSONALITY AND CHARACTER IN COURT.

I ACCEPT GUILT FOR WHATEVER IT IS THAT I'VE DONE WRONG, BUT NOT FOR CONSTRUCTED MATTERS.

THE LAST FEW YEARS FOR BOTH MY WIFE AND I WAS A DAY-TO-DAY LIVING HELL. OUR JOINT SUFFERINGS MEANT WE WERE BOTH VERY HEAVILY MEDICATED, WE SPENT A GREAT DEAL OF TIME AS MENTAL HEALTH IN-PATIENTS, WE WERE ALWAYS SLEEP DEPRIVED AND EXHAUSTED - AND MY WIFE HAD ESCALATING SERIOUS PHYSICAL HEALTH TRAUMA. I COULD BARELY FUNCTION LET ALONE FOCUS ON ANYTHING THAN THE SURVIVAL OF BOTH OF US AGAINST THE ODDS. THE BATTLE WAS HORRIFIC BUT I WAS DETERMINED.

MY WIFE'S STaunchLY CATHOLIC FAMILY DISMISSED HER RAPES AS A 12/13 YEAR OLD AS HER "ATTENTION SEEKING". MY WIFE WAS ALSO PHYSICAL ABUSED AND ABUSED UNTIL SHE BECAME ANOREXIC AT AGE 15. SHE WAITED UNTIL AGE 29 WHEN SHE MET ME WHO TREATED HER KINDLY AND LOVINGLY TO GET HER VIOLENT PAST DISCLOSED. BY THEN THE DAMAGE WAS ALMOST COMPLETELY DONE. HER FAMILY HAVE ALWAYS REMAINED IN DENIAL OF MY WIFE'S TRAUMA AND SUFFERING DESPITE WHAT IS ON THE PUBLIC RECORD.

I AM ANNOYED THE CORONER HAS TAKEN APARTMENTS FROM SO MANY OTHERS INCLUDING HER GREEDY FAMILY - EXCEPT FOR ME. THEY ARE TAKING ADVANTAGE OF MY INDISPOSABLE STATUS BEING INCARCERATION. I KNOW MY WIFE FAR BETTER THAN ANYONE YET I HAVE BEEN IGNORED. I BELIEVE THIS IS VERY DISRESPECTFUL. AN INNOCENT, LAW ABIDING AND BEAUTIFUL PERSON IS NOW DETAINED BECAUSE NO-ONE LISTENED. I BET IF IT WAS THE JUDGES OR PROSECUTORS OR POLICE OFFICERS WIFE THEN SOMEONE SURELY WOULD HAVE LISTENED. THE WIFE OF AN ACCUSED ON REMAND IS NOT WORTH ANYTHING IT SEEMS.

THE JUDICIARY OR POLICE IN MY VIEW HAS A "DUTY OF CARE" AND RESPONSIBILITY TO ENSURE THE SAFETY AND WELFARE OF MY WIFE IF THEY WERE SO DETERMINED TO REMAND ME. NOTHING HAPPENED.

WHEN I WAS EXAMINED IN PRISON BY A FORENSIC PSYCHOLOGIST IN PREPARATION FOR MY PLEA HEARING (WHICH WAS A TOTAL DISASTER ALSO), HE SPENT EIGHT (8) - YES 8 MINUTES WITH ME. I WAS OPEN AND COURTEOUS TO HIM. IT IS IMPOSSIBLE TO ASSESS THE LIFE OF A 65 (THEN) YEAR OLD MAN IN 8 MINUTES. HE TOOK VICTORIA LEGAL AID'S MONEY AND PRODUCED A USELESS AND VAGUE REPORT. HE IS MILKING THE MENTAL HEALTH SYSTEM.

GENUINE MENTAL HEALTH PATIENTS IN THE CRIMINAL JUSTICE SYSTEM IN VICTORIA ARE TREATED AS SUB-HUMAN.

6.

IN THE VICTORIAN PRISON SYSTEM, THE MENTAL HEALTH SUPPORT IS VERY SHALLOW.

THE PRACTITIONERS ARE GENERALLY RECENT GRADUATES WITH LITTLE EXPERIENCE OR LIFE SKILLS. THEY HAVE JUST ONE KEY CONCERN-"ARE YOU SUICIDAL"? IF NOT, THE SESSION SOON ENDS. "DEATHS IN CUSTODY ARE AND NO!" WHEN MY WIFE DIED, I WAS GIVEN VALIUM FOR TWO NIGHTS AND TOLD TO SLEEP OFF THE GRIEF. NO REAL GRIEF COUNSELLING (AS [REDACTED]), AN OCCASIONAL CHECK BY A CUSTODIAL OFFICER AND A VISIT FROM A CHAPLAIN. IN THE MEANTIME, MY FAMILY, MY WIFE'S FAMILY, THE CORONER, FUNERAL ARRANGEMENTS AND SO MUCH MORE HAS TO BE DEALT WITH. MY WIFE'S ASHES STILL SIT IN A FRIEND'S WARDROBE. I THOUGHT ABOUT ENDING MY OWN LIFE CONSTANTLY BUT WAS TOO SCARED TO SAY ANYTHING. YOU ONLY HAVE TO BE IN THE PRISON SYSTEM FOR FIVE MINUTES TO OBSERVE THE MAJORITY ARE UNSTABLE AND MENTALLY UNWELL.

I AM IN A SITUATION NOW WHERE THE MARE/FOR IS STARTING TO LIFT. I AM STILL VERY MEDICATED THOUGH. THE PASSAGE OF TIME MOVING SO SLOWLY IN PRISON HAS PROBABLY NUMBED ME. I CAN NOW REMEMBER SOME THINGS THAT SHOULD HAVE BEEN RAISED WHEN I WAS ARRESTED THROUGH UNTIL I WAS SENTENCED. ALL TOO LATE I AM TOLD!!
TOUGH LUCK!!

SAIL IS WHERE SO MANY OF THE COMMUNITY WITH MENTAL HEALTH PROBLEMS END UP. THE DETACHMENT FROM THE REAL WORLD SERVES TO

7.

MAKE THE PUNISHMENT, JAIL CULTURE/VIOLENCE, LONELINESS AND SUPPOSED REHABILITATION IN PRISON ALMOST IMPOSSIBLE TO COPE WITH. ADD THE DEATH OF YOUR PARTNER/WIFE/SOUL-MATE AND IT'S A CONSTANT NIGHTMARE. SOMEHOW, I BELIEVE THE FOLLOWING NEEDS TO HAPPEN,

- a) THE MENTAL HEALTH TRIBUNAL BE EXPANDED TO DEAL WITH AND DIRECT CONFIRMED MENTALLY ILL OFFENDERS
SIMILAR TO THE DRUG COURT ETC..!
- b) IND BREACHES SHOULD NOT MEAN IMMEDIATE JAIL. THE REASONS FOR THESE BREACHES ARE OFTEN DUE TO MENTAL HEALTH DISORDERS. WHEN YOU COME TO PRISON FOR FAMILY VIOLENCE OR SIMILAR MATTERS, JAIL CULTURE ENSURES YOUR LIFE IS HELL WITH LITTLE CHANCE OF REHABILITATION.
- c) COMMUNITY CORRECTIONS VICTORIA ARE IN OVERCROWD AND ARE DEALING WITH OFFENDERS AT A MINIMAL SUPERVISION LEVEL DUE TO THE VOLUME OF THEIR CASE-LOADS. PRISONERS OFTEN TALK ABOUT THIS. MORE COMMUNITY CORRECTIONS STAFF WOULD HELP.
- d) THEIR SEEMS TO BE WRONG MOTIVES IN SOME OF THE DIRECTIVES COMING OUT OF "CORRECTIONS VICTORIA"
 1. THE SYSTEM IS MORE PROCESS THAN OUTCOMES DRIVEN.
 2. OVERCROWDED JAILS AND HOLDING CELLS ARE THE NORM.
 3. PRIVATE JAILS ARE INDULGING IN "SCOPE CREEP" TO ENHANCE THEIR PROFITS.
- e) THE POLICE ARE DRIVEN BY K.P.I.'s SUCH AS CONVICTIONS, CHARGES AND ARRESTS REGARDLESS OF HOW THEY ACHIEVE THEM. WHAT ABOUT "DUTY OF CARE".

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TO CONFIRM MY IDENTITY AND ESTABLISH ME AS BEING MY WIFE'S SENIOR NEXT OF KIN, I HAVE ATTACHED COPIES OF;

1. MY BIRTH CERTIFICATE
2. MARRIAGE CERTIFICATE
3. MY WIFE'S DEATH CERTIFICATE, AND
4. MY DRIVERS LICENCE

I WOULD VERY MUCH LIKE TO RECEIVE A COPY OF THE COMMISSIONS REPORT/FINDINGS/RECOMMENDATIONS PLEASE.

IF YOU WISH TO CONTACT ME, YOU CAN:

1. WRITE TO ME
2. ARRANGE A VIDEO-CONFERENCE BY CALLING HERE
3. ARRANGE A TELE-CONFERENCE BY CALLING HERE
4. VISIT ME PERSONALLY ON A "PROFESSIONAL VISIT"

OBVIOUSLY I FEEL VERY STRONGLY ABOUT PEOPLE WITH MENTAL HEALTH ISSUES BEING DEALT WITH FAR MORE HONESTLY, OPENLY AND INTENSELY. I LOST MY BEAUTIFUL WIFE UNDER APPALLING CIRCUMSTANCES. AND NOW MY OWN LIFE IS AS GOOD AS OVER. I HAVE NOTHING.

IN CLOSING, I WISH TO REPEAT A COUPLE OF VERY RELEVANT QUOTES I HAVE RECENTLY BECAME AWARE OF. I ALSO QUOTED THESE IN MY COMPLAINT TO THE OMBUDSMAN. THEY ARE;

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JOHN HEWARD

1. I THINK IT WAS OUR FORMER PRIME MINISTER WHO SAID;

"THE MEASURE OF ANY SOCIETY IS HOW IT TREATS ITS 'MOST VULNERABLE' AND 'AT RISK'."

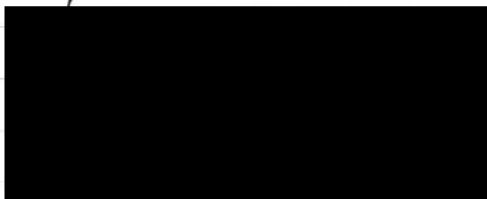
2. I WAS WATCHING A T.V. DOCUMENTARY (4 CORNERS) RECENTLY RE THE "BOURKE STREET KILLER - GARCASOUKIS" AND THE FORMER POLICE UNION BOSS (GREG DAVIES) SAID;

"THE ABSOLUTE PRIORITY OF VICTORIA POLICE IS THE PRESERVATION OF HUMAN LIFE."

THERE IS SO MUCH MORE I COULD WRITE AND I'VE PROBABLY WRITTEN TOO MUCH ALREADY.

THANK YOU FOR READING ALL THIS.

YOURS SINCERELY,





Royal Commission into
Victoria's Mental Health System

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments [here](#) instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

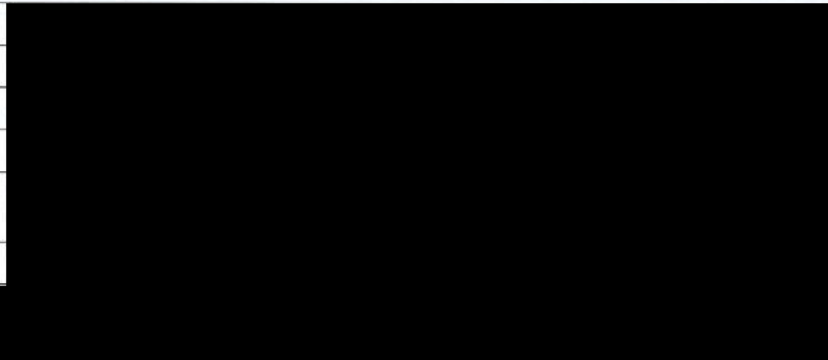









For organisations

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Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports.

Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

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. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information	
Title	
First name	
Surname	
Email Address	
Preferred Contact Number	
Postcode	
Preferred method of contact	
Gender	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-described: <input type="checkbox"/> Prefer not to say
	       
Do you identify as a member of any of the following groups? Please select all that apply	<input type="checkbox"/> People of Aboriginal and Torres Strait Islander origins <input type="checkbox"/> People of non-English speaking (culturally and linguistically diverse) backgrounds <input type="checkbox"/> People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community <input type="checkbox"/> People who are experiencing or have experienced family violence or homelessness <input type="checkbox"/> People with disability <input type="checkbox"/> People living in rural or regional communities <input type="checkbox"/> People who are engaged in preventing, responding to and treating mental illness <input checked="" type="checkbox"/> Prefer not to say
Type of submission	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organisation Please state which organisation: Please state your position at the organisation: Please state whether you have authority from that organisation to make this submission on its behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group How many people does your submission represent?

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

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

<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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). 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.
<input type="checkbox"/> 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 Commission's 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.

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?

THE JUDICIARY, POLICE AND PUBLIC PROSECUTORS ARE EXTREMELY DISMISSIVE, ARROGANT AND SCEPTICAL ABOUT THE ACCURACY AND AUTHENTICITY OF LETTERS AND REPORTS HANDS UP IN COURTS REGARDING THE MENTAL HEALTH OF AN ACCUSED AND (IN MY CASE) THEIR PARTNER/WIFE (IN MY CASE WIFE ETC... OF NEARLY 27 YEARS). I BELIEVE JUDGES ASSOCIATES - NOT POLICE OR PROSECUTORS - SHOULD BE CHARGED WITH THE RESPONSIBILITY OF CHECKING ON LETTERS AND/OR REPORTS. STIGMA CAN BE REDUCED BY THE AUTHORITIES CONSTANTLY GETTING THE MESSAGE OUT TO THE BROAD COMMUNITY THAT MENTAL ILLNESS IS COMMON AND MOSTLY TREATABLE. THE DISCRIMINATION CAN BE DEALT WITH AT JUNIOR AND SENIOR SCHOOLING LEVELS BY INCLUDING "MENTAL HEALTH" IN A SUITABLE SUBJECT IN THE CURRICULUM.

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?

WHAT IS WORKING WELL (FROM PERSONAL EXPERIENCE) IS THE "A" PARC AND "E" PARC AND "Y" PARC MENTAL HEALTH IN-PATIENT FACILITIES. THEY ARE SIMPLY AMAZING. UNFORTUNATELY, THE PUBLIC HOSPITAL MENTAL HEALTH IN-PATIENT WARDS (E.G. [REDACTED] AT [REDACTED]) ARE VERY OLD/TIRED/CONFRONTING AND UNFRIENDLY.

THE LIKELIHOOD OF A POSITIVE OUTCOME FROM EARLY INTERVENTION NEEDS TO BE FAR MORE PUBLICISED.

THE SUPPORT SEEMS TO BE ADEQUATE BUT I WAS A BIT DISMAYED BY THE LAZINESS OF MANY STAFF IN THE PUBLIC HOSPITAL SYSTEM.

3. What is already working well and what can be done better to prevent suicide?

MY WIFE SUICIDED ON [REDACTED] THE CLINICIANS WHO WERE MANAGING MY WIFE'S "LAT-TEAM" AND "OUT REACH" WERE 100% AWARE THAT IT WAS POSSIBLE I WAS GOING TO BE REMANDING ON [REDACTED] MY WIFE AND I TOLD THE CLINICAL PEOPLE UP FRONT. BUT THE POLICE HAD SECRETLY INTERFERED WITH CLINICAL STAFF (I HAVE ALL OF THE PROOF) AND HAD SEVEN SEEDS OF HATRED AND LOATHING FOR MY WIFE TO FIND ^{OUT} ABOUT AFTER MY REMANDING. THIS CONDUCT IS DISPICABLE AND REPREHENSIBLE AND IS 100% NONE OF THEIR BUSINESS.

SUICIDE PREVENTION MUST BE LEFT TO THOSE THAT CARE AND ARE TRAINED. EXTERNAL INTERFERENCE IS TOTALLY WRONG AND UNCALLED FOR.

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.

MANY FIND IT DIFFICULT TO OVERCOME POOR MENTAL HEALTH BECAUSE THEY LITERALLY FEEL TRAPPED. WE MUST MAKE THE "LIGHT AT THE END OF THE TUNNEL" MUCH BRIGHTER, RICHER AND ATTAINABLE. MY WIFE AND I HAVE BEEN FORTUNATE TO HAVE A VERY GOOD G.P., BUT IN MY VIEW - THAT IS THE STARTING POINT. A PRO-ACTIVE G.P. CAN SET A PATHWAY OF HELP AND MEASURED OUTCOMES. THE AREA OF MENTAL HEALTH TREATMENT OPTIONS IS VAST AND OVERWHELMING. IT SEEMS DISTORTED AND UNCOORDINATED. MENTAL HEALTH CLINICIANS AT THE "COURTS" WOULD BE HANDY.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

1. HAVING SO MANY PEOPLE WITH SERIOUS MENTAL HEALTH ISSUES IN PRISON IS SIMPLY CAUSING DELAY IN SOCIETY. LIKE-MINDED AND MENTALLY UNWELL PEOPLE ALL LIVING TOGETHER IN CLOSE QUARTERS IS A RECIPE FOR RECIDIVISM AND DISASTER. PRISON OFFICERS STRUGGLE TO UNDERSTAND OR COPE.
2. ALTHOUGH PRISONS HAVE FMH UNITS ETC., IT REALLY IS JUST THE TIP OF THE ICEBERG.
3. THE JUDICIARY, PROSECUTORS AND POLICE NEED TO TAKE THE OPINIONS OF ESTABLISHED MENTAL HEALTH CLINICIANS MORE SERIOUSLY.
4. THE MENTAL HEALTH TRIBUNAL SHOULD BE EXPANDED.

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

UNLESS FAMILY MEMBERS AND/OR CARERS ASK FOR A "FAMILY" MEETING WITH THE TREATING MENTAL HEALTH CLINICIANS, THEY DO NOT HAPPEN. THE CLINICIANS NEED TO ACKNOWLEDGE THE ROLES AND IMPORTANCE OF SUCH GATHERINGS AND THE COMBINED INPUT OF GENUINELY INTERESTED PARTIES. OCCASIONAL UNSOLICITED FEEDBACK ON PROGRESS (OR LACK OF) WOULD BE VERY HELPFUL. UNLESS WE PERSIST WITH GETTING THROUGH TO SOMEONE EITHER IN PERSON OR BY TELEPHONE, NOTHING IS OFFERED UP. IF IN-PATIENT FACILITIES COULD HAVE A DEDICATED PERSON IN ADMINISTRATION AND INTERACT WITH FAMILY, OTHER LOVED ONES, CARERS, CENTRELINK, FINANCIAL INSTITUTIONS ETC... IT WOULD REALLY HELP.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

THE INDUSTRY SEEMS TO BE UNATTRACTIVE AND UNPOPULAR BECAUSE THE CLIENTELE ARE OFTEN FROM LOW SOCIO-ECONOMIC AND QUITE DISADVANTAGED SECTIONS OF THE COMMUNITY. I HEAR THIS ALOT.
I WOULD SUGGEST THAT IF "LOCAL" GOVERNMENT COULD "TAP IN" COMMUNITY RESOURCES SUCH AS RETIRED (BUT CLARING POLICE), HIGHLY REGARDED CITIZENS, ROLE-MODELS ETC., THEN A MORE PUBLIC FACE COULD BE PUT TO THOSE WHO WANT TO HELP. I WOULD LIKE TO THINK THAT MENTAL HEALTH MEDICAL STAFF ARE PAID, REWARDED AND PROVIDED WITH CAREER PATHS THAT ARE AT LEAST THE EQUAL OF OTHER QUALIFIED STAFF.

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?

AT THE MOMENT, I SEE LITTLE BY WAY OF COMMUNITY ENGAGEMENT. THE BEST SOCIAL ENGAGEMENT I WAS EVER A PART OF IS THE "MIND RECOVERY COLLEGE". LIVED AND SHARED EXPERIENCES ALONG WITH GREAT CLASSROOM LEARNING PLUS MUSIC GROUPS ETC... IS FANTASTIC.
ECONOMICALLY AND FINANCIALLY - THERE IS REALLY NO-ONE TO TURN TO. I WOULD SUGGEST THAT "TRUST" IS A MAJOR ISSUE FOR THOSE OF US WHO ALREADY HAVE "MESSY" MINDS.
SEPARATING FACT FROM FICTION IS NOT ALWAYS EASY. AGAIN, USING THE SERVICES OF RETIRED EX BANK MANAGERS OR SIMILAR TO TALK THROUGH OUR PROBLEMS WITH WOULD PROBABLY HELP.

many families cannot be TRUSTED!

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?

1. EXPAND THE MENTAL HEALTH TRIBUNAL AND ITS PARAMETERS OF WHO IT CAN DEAL WITH.
2. USE MORE COMMUNITY BASED HUMAN RESOURCES WHO CAN BE IDENTIFIED WITH.
3. TRY AND ELIMINATE THE NUMBER OF SIMILAR AGENCIES DOING THE SAME THINGS.
4. EMPOWER G.P.'s TO REPORT OBVIOUS ISSUES TO A SUITABLE AUTHORITY.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

1. EDUCATE THE JUDICIARY, PROSECUTORS AND POLICE THAT WHAT HAPPENS IN COURT WITH MENTALLY UNWELL ACCUSED AND CONVICTED PEOPLE CAN OFTEN MAKE THEIR LIVES IRREVERSABLY FAR WORSE.
2. MENTAL HEALTH TREATMENT IN PRISONS SHOULD BE COMPULSORY - NOT OPTIONAL.
3. EXPAND THE "PARC" IN-PATIENT MENTAL HEALTH FACILITIES PROGRAMS TO INCLUDE THOSE WHO ARE CONSIDERED AT IMMEDIATE RISK. THIS ENVIRONMENT MAY WELL PREVENT SUICIDES.

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acknowledgement

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☒ Yes ☐ No