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

Anonymous

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
cease medicalising and individualising a socially caused rational human response to inequitable social structures experiences and so on address fear mongering in the media and wider community in relation to mental illness via consumer development of educational material shift the medical paradigm of recovery towards one based on consumer initiatives etc to ensure vested medical/ and pharma interests are minimised

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?
We can draw from ideas such as open dialogue to improve our treatment and support system Increase funding to consumer advocacy consumer initiatives and so on as the effect of the same are more likely to not only be responsive within the consumer community but more effective due to their less repressive elements and consequently fit with the 2014 mental health act eg least restrictive alternative consumer engagement etc I think consumer initiativ...es used to work well until almost entirely consumed by the NDIS

What is already working well and what can be done better to prevent suicide?
Increase consumer initiatives address economic and interpersonal causes of suicide fund consumer based peer support reinitiate consumer support services such as PHaMS' introduce a guaranteed minimum income scheme and in this manner cease to penalize people living with variant disabilities and so on address housing crisis.... provide meaningful housing opportunities do not discharge people into rooming houses or vulnerable situations and so on

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.
while recognising that not all people with mental health conditions are economically oppressed economic causes play a big part as does oppression based on racism patriarchy sexual identity and so on. Addressing these causative factors will play a big part. Introduce a GMI scheme Introduce less medical initiatives such as Open Dialogue and so on Initiate ample peer support services Increase funding to community development enterprises etc not only to do with mental health but to do with other causative elements

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Fund communities in low income areas, and communities of interest to address causative elements of their situation, whether it be racism etc and address structural causes as identified by consumer community members Increase funding to advocacy and peak consumer bodies Engage

consumers at all levels of government and ensure accountability of same "

What are the needs of family members and carers and what can be done better to support them?
these range from the economic to the emotional support in all areas is necessary also information on the system ' a special emphasis needs to be placed on partners and children of people who identify as living with mental illness or emotional distress.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
better funding recognition of lived experience as a qualification in itself giving professional non tokenistic weight to the consumer workforce increasing economic validation for consumer workforce and so on allow for consumer organisations to be directed by consumers .... non tokenisitic but directed specicfically be mental health consumers .... from peak bodies to service providers and so on....

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?
minimal increase funding to the peak body VMIAC increase opportunites and so on...

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?
To be honest as an individual who has experienced MI diagnosis I fully endorse all the areas of reform outlined in the VMIAC submission and am fully behind it ... so rather than copy and paste it here please refer to that

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
GMI scheme FUND PEAK BODY ADEQUATELY IE VMIAC empower consumer workforce give consumers meaningful input into all structures effecting them' reintroduce PHAMS ETC to the necessary level Recognise the professionalization of the peer workforce introduce and fully fund consumer initiatives such as Open Dialogue etc

Is there anything else you would like to share with the Royal Commission?
I recognise my engagement with Maroondah Hospital was a disempowering and abusive experience in many ways from vulnerability to a position of being one down and hearing and seeing sexual abuse from consumers and (potentially staff) aggression from staff towards other consumers and so on. The need existis to ensure accountability .... IMHA Is not enough .... nor VMIAC create a culture of change and address medicalisation of human experience I feel that the peer support workforce needs to be recognised professionally   I also have been exposed to a lot of discrimination in the community   Discharging people into dangerous boarding houses is not good enough increase social work funding and accountability of staff in inpatient wards and so on