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

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N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"My suggestions to improve the Victorian community's understanding of mental illness and to reduce stigma and discrimination; and model to other states the way forward in this regard, addresses deep and broad systemic issues embedded within politics and society. My answer to this question is the longest in my submission and holds answers to most of the other ten questions - where you will see I have written shorter responses. This Mental Healthy Enquiry clearly confronts the government with very real and substantial inequities within society and political structures and which directly affect the treatment of those people with mental health problems. I write from my experience as a trained counsellor, specifically in feminist therapy and through my work supporting people with eating disorders. I write from the perspective of a carer of other women in my family who have experienced mental health issues (depression). I experienced problems with food and elimination over period of eight years and drew on holistic health (body centred) approaches, feminist therapeutic approaches and more standard clinical treatment to recover. I have written two books, one on how and why eating disorders occur and how and why medical treatments too often fail women in their recovery process and that we can and must end this socially and politically generated problem by shifting our persepctive. The other book is on the politics of caring. I look at the invisible labour of mothering and the toll it takes on women psychologically, on our bodies, and on other people, as our care work continues to go economically and politically unvalidated, unvalued decade after decade. Mental health issues have, over the last fifty years, been treated by within a system which arose from a completely male dominated perspective of what constitutes mental health and mental illness. Immediate problems with this are that mental health outcomes have been measured against a limited definition of what constitutes normal' mental health. Health norms have been created and defined in relation to, and judged and treated by privileged white male thinking, ideologies and logic. Feminist theorists from the 1970s wrote about the ways the psychotherapeutic profession defined (and still does) women as sick' or unwell', simply when any deviation occurs from masculine levels of acceptable' psychological functioning health. Women with eating disorders are a prime example of a traditionally male dominated psychotherapeutic profession which has not changed enough to meet people's needs, and fails them. Rather than eating issues being seen in society and by health professionals as a coping mechanism within a patriarchal society which does not acknowledge the extent and completeness of (emotional) intelligence and labour women perform - as well as bodily changes, menstrual cycles, sexual and reproductive issues and pressure women face - our symptoms are too simplistically diagnosed and treated as sick' and unwell'. Such medical treatment in response is unhelpful, often prolonging the issues, and unnecessarily creating chronic conditions which could have been avoided with greater psychosocial, economic and political consideration and responsiveness. Women who work in the psychotherapeutic profession, in turn, have had to adhere to institutional codes of conduct and practices which uphold the Diagnostics and Statistics Manual. The DSM V is a definitive tool limiting our perspectives of

people's lives, minds and psychology and was compiled and adhered too at a time when men almost completely dominated the psychotherapeutic profession. It is based on binary thinking, rather than holistic, integrated perspectives to health. The philosopher Descartes established the concept of binary thinking 500 years ago and this has led to segregation in health treatment - where the medical profession treats the body and mind as separate entities. This paradigm no longer works for people. Women especially demand a shift to more integrated and holistic thinking, which necessarily involves the sociopolitical and emotional aspects of health. Most traditional approaches to therapy are based on individual therapeutic approaches. These practices were created by privileged whit male intelligence. One on one therapy isolates individuals from the day to day realities and actualities of personal and professional relationship dynamics and politics. The insistence on pathologising mental issues in accordance with the DSM V, harmfully, places the onus on the one individual in therapy to get better' and creates levels of burden and stigma which they do not deserve to have to deal with. Feminist therapists and theorists and Family therapists challenge this traditional, isolated, private' approach to psychotherapeutic treatment and the masculine dominated norms which underpinned it. Feminist therapy and family systems therapy are the main therapies which acknowledge the interrelationship between larger systems, which affect an individual: whether a smaller system such as the family unit or larger institutions whose policies directly affected the lives of individuals (trying) to function within them. Feminist therapists openly acknowledge the political aspect of therapy and educate clients to view their experiences in broader contexts. Family therapists acknowledge relationship dynamic and power imbalances in families which are handed down generational lines and played out as dysfunctional' behaviour. Yet the underlying awareness in these socially aware and integrated approaches is about how power and politics are contributing forces in keeping some individuals down' and outcast. These therapeutic approaches help clients find sustainable balance within the systems in which s/he must operate. Not just the state of Victoria, but the whole of Australia must, I believe, decide if they are prepared to allow power to shift in order to really address mental health issues and see any real decline in the number of sufferers. One aspect of this, occurring as a result of the infiltration of more women into the public sphere, is that governments must adopt broader feminist principles and the interconnected and intergenerational principles family therapy offers in order to reduce stigma and discrimination against mental health issues. People who integrate feminist therapy, (commonly this is women, but male therapists use it too), into their practice now acknowledge the political aspect of therapy but they are also limited to having to diagnose people within the definitions of the DSM V. This disables us as a population from shifting perspectives from the individual sufferer as a problem' to the individual as part of a system which needs changing and has systemic problems. Until this perspective shifts, stigma remains attached to sufferers. Feminist therapy offers five main principles, all of which allow us to broaden our perspectives and reframe ideas and beliefs around mental health issues: The principles are as follows. 1: The personal is political. 2: The counselling relationship is egalitarian. 3: People's experiences are honoured. 4: Definitions of distress and mental illness are reformulated and 5: An integrated analysis of oppression is used. Other systemic power shifts must be made if the government is serious about improving the way it responds to the mental health crisis. The government must decide if they are prepared to make these changes which demand huge economic changes. Currently many professionals benefit from people being mentally ill. The very existence of the psychotherapeutic professions itself depends upon people not coping in life, being defined as mentally ill. Many therapeutic practices are founded still, as in traditional male dominated approaches to psychotherapy, upon the I'm OK (professional therapist) and You're Not OK (client seeking support, assistance, treatment. The dynamic sets the client up for a lowered and diminished sense of self which in turn is stigmatising. This will not change unless the

government adopts more egalitarian approaches to health treatment, acknowledging at the same time, how systemic practices impinge on and oppress people in terms of them being able to live powerful and fulfilled lives. Currently, as even feminist therapists are still mandated to adhere to DSM V definitions of mental health, it is hard for egalitarian relationship to be fully realised. We can more fully honour people's experiences when we see their situation as a complete and continuous picture, for example, seeing the personal and the political as the same thing. Following the feminist adage, 'the personal is political'; treatment providers can help a person struggling, feel more whole and integrated when their personal and public lives are seen as a whole - and treated with equal importance and relevance. Governments must think along more intersectional lines. Social, health and economic issues are interconnected. We don't acknowledge the way the economy is bolstered and operates on millions and millions of dollars of unpaid care labour through the efforts of (mostly) women doing practical and emotional labour in the home - whether it is for people with or without mental health issues. This work is chronically underpaid, and under recognised for the skill and foundational support it provides not just individuals but society as a whole. In such conditions, power structures remain imbalanced, and the inequality is felt by many people whose distress makes up part of their diagnosed mental illnesses. It is societally and politically wrong to have pharmaceutical industries profiting so much from people's mental health issues whilst women providing so much foundational care labour do so, so often in poverty; with little to no socioeconomic recognition or compensation. Women do repetitive mundane chores required for the basic support and survival of others, and we perform emotional labour through constant provision of responsiveness; using sensitivity, insight and relational thinking skills to empathise and seek to address problems which arise for individuals they care for and about. Carers themselves are more often than not mothers. In patriarchal society this skill has been deemed by men as naturally' occurring and thus when we care, we do not work'. Men have held the positions of power to define this about us. This perspective is wrong and unfair and has been used to further validate men's institutional structures, their own importance, worth, value and intelligence over and above women's and at the cost to women. When a society which does not pay full tribute to all of the work women do - especially our foundational caring work - it is my belief this is felt acutely by all people, to our detriment. Feminine care work - whether of people medically diagnosed (by traditionally male definition) as sick, or not - remains essentially invisible and yields no direct sociopolitical power. When it is not respected or acknowledged for the powerful contributor to social cohesion our work actually provides, this directly intersects with the people she cares for and both are left susceptible to falling and failing. Women know deep down we are caught in a socioeconomic and political rut; sensitised to the fact the responsiveness and thoughtfulness we provide holds no real import in the real' (masculine) world of policy making. Additionally we must look at carers and professional health workers. The two parties often fail to connect in ways which best serve and supports the individual sufferer they are both trying to care for. Patriarchal political economy values professionally' trained health workers over stay at home carers, leaving carers feeling that health workers and governments ignore, misunderstand, overlook and diminish at-home-carer's work. All of these groups have political and economic positions/ interests and associations and directly impact on the person struggling. In this structure however, resources, recognition and the importance of the links between carers and health workers are barely acknowledged, taken seriously or respected by governments. While feminine labour in the home (caring for healthy' people or people with mental health issues) carry the burden of emotional labour and responsiveness, with no remuneration acknowledging their real contribution and economic worth: payments to carers and single mothers and are considered welfare' / charity payments and still carry incredible amounts of stigma and shameful feelings about ourselves and our lives), the government will not remedy the mental health crisis. Women

in the home and carers feel the worthlessness of our work as defined by patriarchy and the male dominated free' market economy. The result of this plays out through our bodies, as it did with my mother's and mine - where we have no platform for our voice in the same way afforded to men's work, interests and values. Governments can address this by politically and financially valuing the traditionally feminine care work done mostly by women. Care work can be done by men as well as a woman, this is certain; however we will best address issues of shame and stigma among women, around feminine care work, carers and people with mental health issues collectively, for all people and issues are connected. The low status applied to caring in patriarchy and the subsequent accompanying discrimination against carers (that caring is something we just do') is felt by people who struggle with mental health issues who are dependent on these carers. Their feeling of being well supported is diminished precisely because the status of those caring for them is so diminished. Both parties are disempowered in current patriarchal structures. As long as such socioeconomic inequalities prevail, the dire problem of mental health issues and supporting/ caring for carers will continue. A common underlying feature between mothers, carers and people with mental health issues is that they struggle to or do not feel they have a right to care about themselves or be cared about by others. I believe that women's food and body image issues would be obliterated if caring work in the home was recognised equally alongside working professions, such as nursing, teaching, counselling - all of which we do as part of the job of caring for another person - whether they are mentally ill or not. We learned this from our foremothers, it was learned invisibly', by osmosis, watching and learning feminine roles and work in society. But it has never been recognised as work within patriarchy. When carers private' work is valued in the home women can respect their subjective' emotional work (a psychological definition and perspective defined by men and male dominated medical establishments). Mothering work and the work of carers should be amalgamated along one continuum and recongised fully for the full time jobs they are. In this way the government can be confident people feel far less cut off from other people. We do not begin the fowl practice of rejecting others because they are a lower status and considered unworthy'. When such a large sector of the community: mothers, carers, people with mental health issues, have their status lifted, this makes it much easier and more appealing for them to engage with their communities and for communities to engage with them. My suspicion is governments are not ready to financially value foundational carers in the home, because it means redirecting money too far away from traditional standard male dominated economic interests and values (medical institutions, pharmaceuticals, technology, infrastructure, transport and so forth). The male dominant perspective would see this negatively in comparison to the kinds of fiscal decision making required to sustain what would be considered (by other masculine oriented thinkers) as a competitive' and successful global economy. I doubt the government would see it as a sustainable strategy and a constructive approach to supporting the primary health and well being of our whole population, which in turn would bring about a healthier and more sustainable economy - rather than a false economy, based on limited definitions of productivity which we have now. Now, patriarchal cultures and politics succeeds by upholding competitive attitudes over co-operation, care and responsiveness, based attitudes. It succeeds by capitalising on free care and cooperatively minded labour provided mostly by women in homes. But this same structure and these same values, or lack of, are destroying our planet. Unless the Victorian government, is prepared to go that next step in deconstructing hierarchical power relations and show the public a real move towards more egalitarian structures, the government will continue to fail people - especially those whose intelligence and capacities falls outside what privileged white men have defined as normal' and productive'. Shift values by economically valuing care labour involved at ground level in the home within families. If the government does not respond at this time in this enquiry to this idea, it is my belief feminist voices will push the

concept of wages for housework, emotional labour and caring work in the home in the near future in order to address the increasingly obvious and unequal imbalance. Abuse and trauma causes mental health issues and arises directly out of patriarchal culture which only relatively recently came out of two World Wars. Wars demanded men exert dominance and control over others in order to survive and win'. The dominating persona did not end with the wars. Dominant patriarchal attitudes including the suppression of feeling, sensitivity, emotions and expression of care and responsiveness has been handed down the generations and resonances are still felt today. Women married to men who knew war, often became hard hearted, rigid women in order to cope, or yielded completely to male authority, being rather pathetic and disempowered out of powerlessness, fear and male exertion of hyper authority. People, such as my mother and father and myself have been working our way out of these harmful relationship over our lifetime. So many families are in this situation. Mental health issues are about the politics of relationship between individuals in both personal and professional contexts. The politics of all theses relationships often begins in the families and communities. The government can address this issue by acknowledging the power, work, economic and care imbalances between men and women. It is time to see the interconnection (intersections) between different aspects of our lives, place them more closely together and create radical (back to the root), new policies accordingly. "

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?

"2: See answer to question 1. As I said in question one, wider systemic and political structural change must take place to prevent mental illness occurring in the first place. All mental health can be traced back to family relations; the power dynamics, personal characters and economic positions of each member and their associations, responsibilities and priorities within their communities and workplaces. Feminist and Family systems approaches must be engaged with more actively to deconstruct mental health issues in non pathological ways. We must stop treating people so clinically and with so much medication. Once again this challenges masculine biased priorities and interests - for example, the millions of dollars made by the pharmaceutical industry and the higher socioeconomic status held by psychiatrists as compared to counsellors. These industries and professions depend on diagnosing people as mentally sick to make their money. We must stop pathologising emotions and respect and listen to them (not doing so is a hangover from disrespecting feminine feelings and emotions - seeing feminine feeling as hysterical and bad'). When we stop pathologising, we in turn will reduce stigma, enhancing hope and confidence in people's lives. Create more holistic and integrated (body/ mind) approaches to health. Stop the culture of the expert' and the professional' who knows more (and can do more), and develop, respect and value people's intrinsic strengths and contribution in their more immediate communities. "

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

"The young woman I knew who committed suicide lived with well enough meaning but conflicting messages and power structures in her family and at school. She received messages to be subservient like her asian mother was to her caucasian father, yet her father himself struggled with depression. The elite school she attended expected her to reach her full academic potential and excel like they knew she could. Mixed messages with no public support structure to help her reasonably contextualise and deal with competing messages left in her home and public life left her feeling unsupported, little understood, hopeless, and wanting to disappear - which she tried to do by starving herself. My own family as well as her family, and many others I have known, have

been founded on unequal acknowledgement and too segregated personal, social and work situations: where women's and men's work, feelings and voices are suppressed someone along the line regarding the private' realm. Allow women to profess' what we know through the caring and home based work our ancestors taught us carry out. Allow us to be professional carers and experts' in our own right, outside of the patriarchal system which we have had to rely on for validation. We can create a culture where we stop depending' on professionals' so much for answers and treatment, and encourage individuals to develop intrinsically based confidence which is founded on greater respect for home and familial relationships. When carers are valued, our self esteem for our emotional labour will speak to those who feel outcast by society and our connection with them will be enough' for people struggling to find a healthier foothold within their community and wider world. "

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.

"I return to the philosophies underpinning the wider system. People see the flaws in the large institutions set up by now archaic thinking. The institution of marriage is an example of this. People are experiencing more consciously than ever before, as we all strive to greater equality, the ways in which marriage is a very stressful, an unsustainable construct for so many families to maintain. Many people feel stressed to the point of mental ill health, or feel like failures because they cannot sustain principles which have underpinned the marital institution for years and tried to generate greater equality in an institution clearly established to benefit men more than women. The stress and issues one generation is taken on by the children in the family and played out over the next generation. Again, I refer to the necessity to economically and philosophically equally value both sexes in order to restore any real and long term faith in the institution of marriage and reduce mental, emotional and physical stress within marriage. The government owes a lot to women in this regard - in terms of our years of unpaid domestic labour and care work. Trauma and abuse has been experienced within families because of inherent inequalities. Foundational structures must change in order for people to begin experiencing higher levels of mental health. "

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

"Socio economic and gender inequality are the drivers behind some communities in Victoria experiencing poorer mental health outcomes. Feminist oriented psycho-education addressing these realities is necessary, as well as sociopolitical changes which redefine the economy, and act beyond government's egos, interests and privileged and empowered positions. "

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

"Society can take clues from women who are now voicing that they recognise how much care labour we do in the home, emotionally and practically, and about how socio economically unrecognised this work is. We can intersect this consciousness alongside people registered as caring' for someone with a mental illness and see how the common experiences of our struggles must be recognised, validated and financially compensated for the care work of others generally. When there is so little socio economic validation of foundational care work, it is little wonder people with mental health issues trying to learn to better care for themselves often find it slow, hard work with often little satisfaction in seeing professional therapists; as they struggle over long

periods of time and feel so stigmatised. If we close the gap between how patriarchal politics currently defines mothers and carers and pays greater economic respect to both, I believe we would see a positive shift towards greater social cohesion which would include; less loneliness, isolation, and less need for professional' treatment providers and emergency response teams. Valuing primary care is the best way to help people stop getting mental illnesses, as people feel more connected and understood to each other and are able to feel greater respect for who they are and what they do - because their work has been recognised and acknowledged by governing bodies. This is the best way to help families and to help carers. Women need still to be further untrained to see themselves as the second sex. We need to stop accepting the feminine care work so many women do in the home is just something we do', and that we have no other option but to accept this work as socially and economically invisible or that it can never be financially worth something - like other jobs and professions are. I believe when foundational care and emotional labour in the home is more economically valued (whether it is a female or male caring for someone with or without mental health issues), it provides the best ground to help people avoid becoming addicted to drugs and alcohol, or as in so many women's cases, food. Addictions form because care, understanding, empathy and responsiveness from another human being has for one reason or other been made absent in that person's life. If we track the stories of sufferers back using feminist perspectives, behind the formation of the addiction, we usually see stories of some kind of emotional and physical estrangement or misunderstanding from or between family members occurring because of some kind of economic or political power dynamic, inequality and stress. "

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

"Having been a peer support worker myself, I can comment on the uncomfortable feeling of having to identify' with the mental illness paradigm as a way of supporting, understanding and identifying with to others. This does not bode well over the longer term for peer support workers who I can well understand may loose the passion for identifying so closely with the clinical label of mental illness. Agreeing to identify with having been mentally ill' perpetuates the fallacies and short falls in the clinical mental health paradigm. When a peer support worker keeps identifying with the standard clinical psychiatric treatment process, validating it as the most professional or best' treatment pathway, for those they support it does nothing to challenge the real stigma experienced by the sufferer they are trying to support. Instead peer support workers perpetuate and support the hierarchical professional structure which is trying to treat people with mental health issues, but failing to do so in a prompt enough fashion or in ways which prevent future occurrences. Peer support workers continue to hold a comparatively low status position within the rankings of various public health practitioners. When we can listen to the experiences of those people who have had mental health issues or experience them now, and reformulate, reinterpret their experiences through the lens of feminist therapy principles, we are able to see how and in what way it is not just the individual that needs to change but societal structures, thinking and responsiveness as well. If the government agrees to support systemic change, then the role and status of peer support workers will shift to helping sufferers to more positively interpret their experience away from an 'illness' paradigm - to a 'what -can-we-learn-from-you-about-how-our-culture -and-politics-needs-to-change' paradigm; raising the status of the struggling individual and helping them more rapidly recover. If we can educate more of the mental health workforce to view mental health issues with a feminist perspective (see the five principles of feminist therapy in question 1), workers will be more inspired to believe they can make a difference, and to see the interconnectedness between mental health, between the private and public realm and with

economics and politics. When I worked as a peer support worker and counsellor with women with eating disorders I came in contact with many women who experienced great varieties of eating issues - diagnosed and undiagnosed. (One young woman diagnosed with anorexia shot herself a couple of years after I left the organisation.) Knowing deep down my experiences held much more than just being mentally ill', but were about relationship issues in the family which were unspeakable' (could not be spoke about in the public realm), drove me to write a book rejecting the categorisation of eating disorders as mental illness. I also, in my peer support work saw the great extent to which other women were troubled by medical approaches to the treatment of their own issues with eating and their body. Later after extensive research, and aligning myself with feminist perspectives, I wrote a book about eating issues expressing how and why they can and should afford to stand completely outside of limiting medical definitions, diagnosis and treatment. I have named eating issues for what they actually are for women: coping mechanisms for us in a patriarchal society where there are too few platforms for us to speak fully about what we know and experience in our lives, especially emotionally and personally, in a way in which we will be heard and respected, rather than pathologised or put down. In my situation, after my parent's separated and divorced, my life fell apart while I was busy being independent' - and this went unnoticed, and unnamed by anyone else around me. It was nearly three years before a health professionals gave a name to my symptoms. It was another three years later before I began to receive any effective treatment which was of some direct help. I had to deal, alone, with wearing my mothers feelings after her divorce: feelings of frustration, bitterness and anger at being misunderstood, patronised and dominated over by her husband. He did not understand or respect her intelligence as a woman and was far better off than her financially after the divorce. It was after the divorce when she began speaking of hating her body and asking me constantly if she was fat. These may have been personal' issues, within our family, but her complaints were matter of policy, had real economic implications, and significant self care issues all rolled into one. Personal issues must stop being designated as private issues by governments because it promotes isolation and stigmatisation. "

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?

"Women have spoken about Wages for Housework and many economists have spoken about a Universal Basic Income. Virginia Wolf wrote that women need money before they needed the vote. Women need the vote AND money. People need to be allowed to intrinsically value themselves, to believe they are worthy of being alleviated from poverty and/or mental health issues and addictions. This economy, and the accompanying definitions of productivity (this being defined by masculine biased thinking) is not set up to do that. It is built on not valuing the in-home work contribution of one half of the worlds population, let alone educating each person individually to know they are always worthwhile and valued, whatever challenges they face. Now that religion and religious belief is retreating from people's fundamental value system, people need to replaced this with new values and cares or we risk a continuing mental health crises filled with feelings of meaninglessness and despair about life. Feminist perspectives show how food and body control form a spectrum all women are on as a result of patriarchal politics, and socio-economic structures which separate the health of mind and body and judge women's bodies in male terms. Women learn to think objectively about our bodies in response to male culture where feminine emotional intelligence is subjugated - seen as subjective (read overemotional' and irrelevant to real' world - male - concerns). Our subjugated position is exacerbated economically, where we are either dependent on a male dominated economic systems for paid jobs and which maintain the

segregated ideas of body and mind health, or on our husband's income. In either circumstances we serve men's prevailing needs, interest and intelligence at the cost of our own integrity. There must be systemic changes which address this so women, foundational carers in the home do not have to carry around this basic stigma - which in turn affects the people they care for - with and without mental illnesses. I believe people can be better educated in their early years to self respect, self determined and be supported to possess greater sustainable self compassion over a lifetime. We could couple this overhaul in education with at least a universal basic income which is paid in acknowledgement of the foundational worthiness of each individual. Such an economic decision would provide individuals with greater base level financial security and a basic level social and economic equality and freedom which is not attached to charity' or welfare payments which have labels of guilt, shame (lower status) attached to them. "

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?
"Intensive adoption of feminist and family therapy principles into mental health workplaces and treatment approaches, which acknowledges how systemic forces affect suffering individuals. Adopting these therapeutic approaches more purposefully will bring to the forefront discrepancies between the politics of feminist therapy and family therapy practices. Addressing this is important socially anyway, I believe, in terms of reconciling the problematic issue of defining work and relationship stress in families and the ever increasing divorce rates. Currently, as there are many feminisms, trying to integrate family and feminist therapy presents some contentious issues. What feminism do family therapists uphold? A liberal feminist approach? A cultural (valuing care work) feminist approach? What is fair, what is right? How do we merge feminisms so we can provide a public platform which better acknowledges the equal worth of all people? The way psychotherapy progresses into the future, the philosophies underpinning treatment approaches will in turn affect the numbers of people suffering from mental health issues. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"The Victorian Governments must engage in debates about definitions of and the value of people caring for others in the home. If we value home based carers looking after people who do not have mental health issues, we will likely create a culture in which fewer people develop mental illnesses in the first instance, because they are more respectfully connected to each other. Thus we will have fewer carers in homes struggling to care for people with diagnosed mental illness. Society would be healthier and more euqitable all round. "

Is there anything else you would like to share with the Royal Commission?
"I understand my comments will likely be considered too radical' and seem perhaps too focussed on women's politics rather than mental health issues, but I believe we cannot and should not underestimate the interconnectedness between the two issues and the politics which surround both. Radical really only means to the root'. My focus is on the root of people's lives - the home and family and the socioeconomic facts which surround lives. Having been a mother, a professional worker, a carer and a sufferer, I can say that the most meaningful and rewarding work is as a mother - but the work is so terribly diminished by the lack of economic value and social status, I see why people place so much value on going out to work'. It is sad, because I see how people have less time for each other, less time to do other things they would otherwise love' to being doing, I see the stress they bring home from the paid workplace', and how this all impacts

on mental health. "