I welcome the opportunity to contribute to the Royal Commission into Victoria's Mental Health System, and would like to thank those involved in this important endeavour.

My perspective is informed by a number of factors. I am a gay male who lived with HIV for 30 years. I am familiar with the pressure, stigma and discrimination that is inherent with living publically with this virus. I have suffered a couple of mental health issues. In 2017, there were 26,444 people living with HIV in Australia,[1] and undoubtedly that number has increased since then. Many people living with HIV experience poor mental health outcomes, and evidence indicates a complex and bi-directional relationship between poor mental health and living with HIV.[2]

Furthermore, I have worked in the Alcohol and Other Drug (AOD) sector for more than 25 years. The prevalence of mental health issues for AOD clients is approximately 60% - 70%.

So, my perspective is one of both working for a service provider and consumer of services.

I presently work at Thorne Harbour Health where on a daily basis I meet with clients – who tend to be managing Dual Diagnosis (Mental Health and Alcohol and Other Drugs) plus HIV. At least 70% of the clients I see have all three conditions.

A triple diagnosis which left untreated and unsupported quite often results in the worsening of all three conditions. The intersectionality, interplay and worsening of these conditions often results in an increase in associated stigma and discrimination.

We know that stigma and discrimination is especially problematic for people living with HIV/AIDS, mental illness, and drug use as it creates barriers to accessing health care, education, employment, AOD services, mental health supports and affordable housing, which in turn, may exacerbate the experience of marginalization.

I am painting with big brush stokes when I refer to stigma and discrimination. These words - these labels don't resonate, don't assist the reader to understand- what it is like to face stigma and discrimination as a HIV positive person and how does this translate into mental illness and drug use?

It starts, for many of us, on the basis of being gay. Being other than – less than and being told that most of our lives. Then on top of that you add the stigma of being HIV. Sometimes the stigma is subtle or delivered by the best intentioned of people. It can be the impact of never kissing the love of your life fully, passionately on the lips due to their fear; being safe, intimate, vulnerable and connecting with a lover and only seeing fear in their eyes. Knowing that at least they are trying unlike the many people that walk away or stop texting when they find out that you are HIV positive. The indescribable panic - when you cut yourself. All of it accumulates – all of it leaves us feeling worse than unclean.

[1] Cohen M, Chen Y, McCauley M, et al. (2016) Antiretroviral Therapy for the Prevention of HIV-1 Transmission. New England Journal of Medicine 375: 830–9.

[2] Fiona Leh Hoon Chuah et al. 2017. Interventions and approaches to integrating HIV and mental health services: a systematic review. *Health and Policy Planning*, 32, 27-47.

Or it can be less than subtle – traumatic and big. Such as the person whose partner of 23 years who was dying and a friend saying twice – if only he had not met you. The person who lives with this life defining diagnosis for ten years and has never told a soul – the internalised stigma and discrimination – that eats away at you – when silence is your best friend with this virus. The person who's partner killed themselves when their diagnosis became the subject of nasty office gossip.

All of it compounds to make you feel unworthy and unclean. All of it affects your wellbeing - your world view - your understanding of yourself - your mental health.

Most the client's I see say that the drugs they take while having sex make them feel like they are attractive, worthy or accepted. - without them - they don't. Worthy, accepted, attractive these are all things we should all feel and without them it can play with a person's psyche and mental health.

Is it no wonder that a number of clients search for connection with others. Usually sex – usually heightened by chemical substances. Just to lose themselves for one second –a second where they don't have to think about preparing for discriminative responses when disclosing their HIV, AOD and/or Mental Health Status.

For just a fleeting second they don't feel unworthy, unaccepted and dirty. For just one second, they don't feel they are considered by some – even some within the GLBTQ+ community as being less than.

Instead they can lose themselves in some hedonistic activity that anesatises the feelings of stigma and discrimination for just one second.

For many of the clients I see at work - alcohol and other drug use (usually meth) feels like to them a good short term solution but a really bad long term solution. Especially for their Mental Health, especially when trying to live with HIV and AID's.

As a worker - working in the area is not easy. It is not attractive work, it can be messy – messy like people's lives can be messy. The issue is not on trend but it is so important. The impact that ice can have on mental illness such as psychosis, anxiety, panic attacks, depression and paranoia are well documented but have a profound impact on many of our clients.

We Need:

- We need research into the intersectionality of Mental Health/HIV and Drug Use.
- We need capacity building for GLBTQI – Alcohol and Other Drug workers to be able to work with the complex interplay of these three conditions.
- We need money to pay for multidisciplinary (Dual Diagnosis clinicians) to work with our most vulnerable and marginalised cohort.
- We need consumer representation and input into service delivery.

Furthermore, there is a very real overdose concern with the potentiation effect of the boosters used for some of the protease & integrase inhibitors such ritonavir and cobicistat on Methamphetamines. Increasing the effects on Methamphetamines and potential overdose. The correlation between the non-compliance of life saving drugs due to mental illness and the chaotic lifestyle that is so often associated with excessive drug use.

I want to thank the management of the organisation I work for (Thorne Harbour Health) and the committee overseeing the response to the royal commission for taking the time out hear from my perspective some of the issues associated with Mental Illness and the GLBTQ+ community.

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

Organisation Name
N/A

Name
Mr Brandon Jones

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
" We (The GLBTQI and HIV Communities) need research into the intersectionality of Mental Health/HIV and Drug Use. We need capacity building for GLBTQI - Alcohol and Other Drug workers to be able to work with the complex interplay of these three conditions. We need money to pay for multidisciplinary (Dual Diagnosis clinicians) to work with our most vulnerable and marginalised cohort. We need consumer representation and input into service delivery. Please see attached - my formal submission for people living with HIV, Mental Health and AOD use. "

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?
" While we have some very empathetic and supportive workers and organisations providing good services to HIV positive and mental health consumers. It is neither coordinated, therapeutically welcoming and rarely, is the service well/fully researched or the clinician posses the skills and knowledge to meet the intersectional needs of this vulnerable cohort. Please see attached - my formal submission for people living with HIV, Mental Health and AOD use. "

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

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.
A cultural change with clinical mental health services. Great communication and accountability between clinical mental health services and consumers and other service providers.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"I presently work at Thorne Harbour Health where on a daily basis I meet with clients - who tend to be managing Dual Diagnosis (Mental Health and Alcohol and Other Drugs) plus HIV. At least 70% of the clients I see have all three conditions. A triple diagnosis which left untreated and unsupported quite often results in the worsening of all three conditions. The intersectionality, interplay and worsening of these conditions often results in an increase in associated stigma and discrimination. We know that stigma and discrimination is especially problematic for people living with HIV/AIDS, mental illness, and drug use as it creates barriers to accessing health care, education, employment, AOD services, mental health supports and affordable housing, which in turn, may exacerbate the experience of marginalization. I am painting with big brush stokes when I refer to stigma and discrimination. These words - these labels don't resonate, don't assist the reader to understand- what it is like to face stigma and discrimination as a HIV positive person and

how does this translate into mental illness and drug use? It starts, for many of us, on the basis of being gay. Being other than - less than and being told that most of our lives. Then on top of that you add the stigma of being HIV. Sometimes the stigma is subtle or delivered by the best intentioned of people. It can be the impact of never kissing the love of your life fully, passionately on the lips due to their fear; being safe, intimate, vulnerable and connecting with a lover and only seeing fear in their eyes. Knowing that at least they are trying unlike the many people that walk away or stop texting when they find out that you are HIV positive. The indescribable panic - when you cut yourself. All of it accumulates - all of it leaves us feeling worse than unclean. Or it can be less than subtle - traumatic and big. Such as the person whose partner of 23 years who was dying and a friend saying twice - if only he had not met you. The person who lives with this life defining diagnosis for ten years and has never told a soul - the internalised stigma and discrimination -that eats away at you - when silence is your best friend with this virus. The person who's partner killed themselves when their diagnosis became the subject of nasty office gossip. All of it compounds to make you feel unworthy and unclean. All of it affects your wellbeing - your world view - your understanding of yourself - your mental health. Most the client's I see say that the drugs they take while having sex make them feel like they are attractive, worthy or accepted. -without them - they don't. Worthy, accepted, attractive these are all things we should all feel and without them it can play with a person's psyche and mental health. Is it no wonder that a number of clients search for connection with others. Usually sex - usually heightened by chemical substances. Just to lose themselves for one second -a second where they don't have to think about preparing for discriminative responses when disclosing their HIV, AOD and/or Mental Health Status. For just a fleeting second they don't feel unworthy, unaccepted and dirty. For just one second, they don't feel they are considered by some - even some within the GLBTQ+ community as being less than. Instead they can lose themselves in some hedonistic activity that anesatises the feelings of stigma and discrimination for just one second. For many of the clients I see at work - alcohol and other drug use (usually meth) feels like to them a good short term solution but a really bad long term solution. Especially for their Mental Health, especially when trying to live with HIV and AID's. As a worker - working in the area is not easy. It is not attractive work, it can be messy - messy like people's lives can be messy. The issue is not on trend but it is so important. The impact that ice can have on mental illness such as psychosis, anxiety, panic attacks, depression and paranoia are well documented but have a profound impact on many of our clients. "

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?

Peer workers need to be systematically structured within organisations - it is their experience their understanding of services and their ability to advocate for others that should help define models and approaches to service design. (Research and clinical knowledge equally informing this process.) Create a career structure for Peer Workers. Mental Health Workforce Provision of well targeted and structured professional development.

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?
Victoria is blessed with some terrific community service organisations. Foundation House and Thorne Harbour Health are two that great examples - both are supporting and working with vulnerable cohorts to mental health issues. Embed clinical services at the community level.

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?
N/A

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?
N/A